

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90035 050 \*\*\*\*50.00

<b>DOCUMENT # M04000005584</b> 1. Entity Name <b>DALE MABRY DEVELOPMENT HOLDINGS, LLC</b>						
Principal Place of Business <b>2930 BISCAYNE BLVD. MIAMI, FL 33137</b>			Mailing Address <b>2930 BISCAYNE BLVD. MIAMI, FL 33137</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KAHN, SONNY TRUSTEE 2930 BISCAYNE BLVD. MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR SK Business Trust 2930 Biscayne Boulevard Miami, FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GALBUT, RUSSELL TRUSTEE 2930 BISCAYNE BLVD. MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR RF Business Trust 2930 Biscayne Boulevard Miami, FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MENIN, BRUCE TRUSTEE 2930 BISCAYNE BLVD. MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR Menin 2005 Trust 2930 Biscayne Blvd. Miami, FL 33137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED</small>				Russell Galbut, Trustee RF Business Trust, Member 08/02/05 (305) 374-5700		