2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State
08-18-2005 90105 001 ****50.00

DOCUMENT # M04000005679

1. Entity Name
SUM MEZZ, LLC

Principal Place of Business	Mailing Address
C/O THE GENCOM GROUP 1221 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33149	C/O THE GENCOM GROUP 1221 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33149

08042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1200 Brickell Avenue		SAME	
Suite, Apt. #, etc.: Suite 1460		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State	
Zip: 33131	Country: U.S.A.	Zip	Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE GENCOM GROUP 1221 BRICKELL AVE., SUITE 900 MIAMI, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1200 Brickell Avenue, Suite 1460 Miami, FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] GREGORY A. DENTON 8/15/05 (305) 442-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #