2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR).

SIGNATURE:

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # Z00069 1. Entity Name 04-12-2004 90033 049 ****50.00 BERNEL ASSOCIATES, L.C. Principal Place of Business Mailing Address 752 W. FLAGLER ST MIAMI FL 33130 752 W. FLAGLER ST 24040102 **MIAMI FL 33130** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 65-0088963 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLOTZ, MARIANN Street Address (P.O. Box Number is Not Acceptable) 752 WEST FLAGLER ST., #105 MIAMI FL:33130 City 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 $\int_{\mathbb{R}}$ the obligations of registered agent. SIGNATURE is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) the sections FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition TITLE TITLE □ Delete NAME FRANK, LESTER H. NAME STREET ADDRESS STREET ADDRESS 752 WEST FLAGLER STREET, SUITE 105 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 ☐ Delete ☐ Change Addition NAME FRANK, BERNICE E. NAME 752 WEST FLAGLER STREET, SUITE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP Delete TITLE Change ☐ Addition HAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. Thereby 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.

FILED