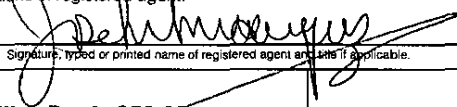


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90058 010 ****50.00

DOCUMENT # Z00086 1. Entity Name NYRIA L.C.					
Principal Place of Business 9688 S.W. 24 ST. (CORAL WAY) MIAMI, FL 33165 US			Mailing Address 9688 S.W. 24 ST. (CORAL WAY) MIAMI, FL 33165 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0126890	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUEZ, JOSE M. 782 N.W. LEJEUNE ROAD SUITE 548 MIAMI, FL 33126-5536				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 4/15/04	
SIGNATURE  <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Filing Fee is \$50.00 Due by May 1, 2004	
Make check payable to Florida Department of State				9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		10. ADDITIONS/CHANGES			
MGR HERRAN, MANUEL A 8460 S.W. 5TH STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MEM GUERRA, ARMANDO J 9475 JOURNEY'S END ROAD CORAL GABLES, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MEM HERRAN, JOSE A 8455 GRAND CANAL DRIVE MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MEM HERRAN, EZEQUIEL 14020 S.W. 36TH STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MEM GUERRA, JORGE 8440 S.W. 58TH STREET MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
MEM HERRAN, ANTOLIN G 6001 S.W. 84TH AVENUE MIAMI, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
DATE 4/15/04 (305) 447-1160 <small>Date Daytime Phone #</small>					