



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 13 PM 12:50

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| DOCUMENT # L04000078752 | |  | |
| 1. Entity Name 3320 HOLDINGS, LLC | | | |
| Principal Place of Business 907 NW 110TH TERRACE PLANTATION, FL 33324 | | Mailing Address 907 NW 110TH TERRACE PLANTATION, FL 33324 | |
| 2. Principal Place of Business 1835 MAIN ST., Suite, Apt. #, etc. STE 101 | | 3. Mailing Address 1835 MAIN ST., Suite, Apt. #, etc. STE 101 | |
| City & State WESTON FL | | City & State WESTON FL | |
| Zip 33326 | | Zip 33326 | |
| Country USA | | Country USA | |
| 01202005 | | Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 20-2650633 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LARRAZA, OSCAR 907 NW 110TH TERRACE PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name LARRAZA, OSCAR Street Address (P.O. Box Number is Not Acceptable) 1835 MAIN ST., STE 101 City WESTON FL Zip 33326 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LARRAZA, OSCAR 907 NW 110TH TERRACE PLANTATION, FL 33324 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LARRAZA, OSCAR 1835 MAIN ST. STE 101 WESTON, FL 33326 <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 | MGRM ALEX NELSON 10090 NW 105T PLANTATION 33322 <input type="checkbox"/> Change <input checked="" 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 |
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| 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. | | | |
| SIGNATURE:  OSCAR LARRAZA | | Date 01/27/2005 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |