

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:14

DOCUMENT # L03000019570					
1. Entity Name SOARES DA COSTA CS, LLC					
Principal Place of Business 18001 OLD CUTLER ROAD 560 MIAMI, FL 33157 US			Mailing Address 18001 OLD CUTLER ROAD 560 MIAMI, FL 33157 US		
2. Principal Place of Business 18001 Old Cutler Road Suite, Apt. #, etc. Suite 570 City & State Miami, FL Zip 33157			3. Mailing Address 18001 Old Cutler Road Suite, Apt. #, etc. Suite 570 City & State Miami, FL Zip 33157		
Country USA			Country USA		
09122006 Chg-LLC CR2E083 (11/05)			4. FEI Number 55-0835418		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent BILZIN SUNBERG BAENA PRICE AND AXELROD, LLP 200 SOUTH BISCAYNE BOULEVARD 2500 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Devine Goodman Pallot & Wells, P.A. Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue, Suite 850 City Miami FL Zip Code 33131		
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 		Joseph W. Pallot, Esq., Vice-President		09/19/06	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIBEIRO, MANUEL A 7270 NW 12TH STREET, PENTHOUSE 3 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/CFO Faustino, Luis M 18001 Old Cutler Road, Ste 570 Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOWRY, VITOR E 18001 OLD CUTLER ROAD, SUITE 560 MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/P Lowry, Victor M 18001 Old Cutler Road, Ste 570 Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ESTEVEZ, ANTONIO M 7270 NW 12TH STREET, PENTHOUSE 3 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/CEO Esteves, Antonio M 18001 Old Cutler Road, Ste 570 Miami, FL 33157	<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	V Kenyon, Kurt 18001 Old Cutler Road, Ste 570 Miami, FL 33157	<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	V Firstenberger, Bud 18001 Old Cutler Road, Ste 570 Miami, FL 33157	<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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			9.13.06 305-5727379		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		