


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90045 044 ****50.00

DOCUMENT # L03000037249		
1. Entity Name NIAGMA, L.L.C.		

Principal Place of Business 101 CRANDON BLVD., #267 KEY BISCAVNE, FL 33149	Mailing Address 101 CRANDON BLVD., #267 KEY BISCAVNE, FL 33149
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2. Principal Place of Business 101 CRANDON BLVD.	3. Mailing Address 101 CRANDON BLVD.
Suite, Apt. #, etc. STE. 480	Suite, Apt. #, etc. STE. 480

City & State KEY BISCAVNE, FL	City & State KEY BISCAVNE, FL
Zip 33149	Country DADE



04012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2423113	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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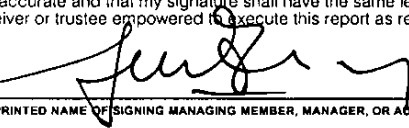
6. Name and Address of Current Registered Agent ALESANDRO, A1A 101 CRANDON BLVD #267 KEY BISCAVNE, FL 33149	
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7. Name and Address of New Registered Agent Name ALEJANDRO S. ZAIA Street Address (P.O. Box Number is Not Acceptable) 101 CRANDON BLVD STE 480 City KEY BISCAVNE FL Zip Code 33149	
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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 	DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAIA, ALEJANDRO 101 CRANDON BLVD., #267 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAIA ALEJANDRO S. 101 CRANDON BWD. STE 480 KEY BISCAVNE, FL. 33149 <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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date 4/6/06 786.488.0136 Daytime Phone #

CHG