2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # L04000025511 **Secretary of State** 1. Entity Name PUNTA FUEGO INVESTMENT PARTNERS I, LLC Principal Place of Business Mailing Address 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAYNE FL 33149 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite Apt #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-0961753 Not Applicat Zio \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410 Z p Code 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 access the obligations of registered agent. SIGNATURE Signature, typed or princed name of registered agent and title it applicable. DATE (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Change ☐ Art-hit. ☐ Delete U0000041235 NAME GONZALEZ, ANNIE P NAME 02/10/06-80043-010 50.00 STREET ADDRESS 200 OCEAN LANE DRIVE, APT. 901 STREET ADDRESS CITY-ST-ZP CITY- ST-ZIP KEY BISCAYNE FL 33149 THRE ☐ Addisin Delete TITLE Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARKE NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-ZW TITLE ☐ Delete Change Adam. NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$7-71P CITY-ST-ZIP TITLE ☐ Defete $un \varepsilon$ ☐ Change Adding NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZVP CITY-ST-ZIP ☐ Change TOTCE Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I horeby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

FILED

Jan 24,2006 305-361-52