


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90037 013 ****50.00

| | | | | | |
|--|-------------------------------|--|--|--|-----------------------------------|
| DOCUMENT # L04000027982 | | | |  | |
| 1. Entity Name INVERSIONES MARACAY LLC | | | | | |
| Principal Place of Business 20201 E COUNTRY CLUB DR 1901 AVENTURA, FL 33180 | | Mailing Address 101 BRINY AV 1601 POMPANO BEACH, FL 33062 | | | |
| 2. Principal Place of Business | | 3. Mailing Address <i>1630 Diplomat Parkway</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State <i>Hollywood, Florida</i> | | 4. FEI Number APPLIED FOR | |
| Zip | | Zip <i>33019</i> | | Country <i>USA</i> | |
| Country | | Country <i>USA</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FRIEDLANDER, LEON J 101 BRINY AV 1601 POMPANO BEACH, FL 33062 | | | Name <i>Maria Falchuk de Friedlander</i> | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | <i>20201 E. Country Club Drive, #1901</i> | | |
| | | | City <i>Aventura</i> | | FL Zip Code <i>33180</i> |
| 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 <i>Maria Falchuk de Friedlander</i> | | <i>Maria Falchuk de Friedlander</i> | | DATE <i>7/07/06</i> | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FRIEDLANDER, M ISZACHAK | | NAME | | |
| STREET ADDRESS | 20201 E COUNTRY CLUB DR #1901 | | STREET ADDRESS | | |
| CITY - ST - ZIP | AVENTURA, FL 33180 | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FALCHUK DE FRIEDLAND, MARIA | | NAME | | |
| STREET ADDRESS | 20201 E COUNTRY CLUB DR #1901 | | STREET ADDRESS | | |
| CITY - ST - ZIP | AVENTURA, FL 33180 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 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: <i>Maria Falchuk de Friedlander</i> | | <i>Maria Falchuk de Friedlander</i> | | Date <i>7/7/06</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Daytime Phone # | |