

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 05, 2006  
Secretary of State**

DOCUMENT# L04000033302

Entity Name: CZYY MANAGEMENT, LLC

**Current Principal Place of Business:**

GUTTENMACHER & BOHATCH, P.A.  
2600 DOUGLAS RD, PH-8  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

GUTTENMACHER & BOHATCH, P.A.  
2600 DOUGLAS RD, PH-8  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1198421      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOHATCH, JOHN S ESQ  
2600 DOUGLAS RD, PH-8  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ESCALONA, OLGA  
Address: 2600 DOUGLAS RD, PH-8  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: ABREU, RADAMES TRUSTEE  
Address: 2600 DOUGLAS RD, PH-8  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OLGA ESCALONA

MM

04/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date