

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90145 027 ****50.00

DOCUMENT # L05000034669

1. Entity Name
COSCAN SHEFAOR, LLC



Principal Place of Business
**5555 ANGLERS AVENUE
 SUITE 1A
 FT. LAUDERDALE, FL 33312 US**

Mailing Address
**5555 ANGLERS AVENUE
 SUITE 1A
 FT. LAUDERDALE, FL 33312 US**

20009224



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-2649774

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERRELL GROUP CORPORATE SERVICES, LLC
 201 S. BISCAYNE BLVD.
 34TH FLOOR
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
**MGR
 PIAZZA, ALBERT C**
 STREET ADDRESS **5555 ANGLERS AVENUE, SUITE 1A**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Albert C. Piazza, Manager 1/10/06 (954) 620-7000

Date

Daytime Phone #