2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Jan 17, 2006 8:00 am **Secretary of State DOCUMENT # L05000084015** 01-17-2006 90056 037 ****50.00 1. Entity Name L & L VENTURE, LLC Principal Place of Business Mailing Address ~~~~~~~~ 8858 WEST FLAGLER STREET, #101 8858 WEST FLAGLER STREET, #101 MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-34046 Not Applicable Zip Ζip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 111 SW 3RD STREET, 6TH FLOOR MIAMI, FL 33130 City 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 eccept 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MANAGER Change # Addition MLE Delete TITLE AZARO R. MARTINEZ 858 W. FLAGLER ST # 101 MIANIFL 33174 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IAMIFL TITLE ☐ Delete ANAGER NAME NAME IS G. MARTINEZ : FLAGLER ST#101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Datete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TILE TILLE 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.

FILED