


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90186 048 ****50.00

DOCUMENT # L05000100973

1. Entity Name
 2645, LLC



20007277



Principal Place of Business
 4000 PONCE DE LEON BLVD., SUITE 400
 CORAL GABLES, FL 33146

Mailing Address
 4000 PONCE DE LEON BLVD., SUITE 400
 CORAL GABLES, FL 33146

2. Principal Place of Business
 2645 SW 37 Avenue

3. Mailing Address
 454 NW 22 Avenue

Suite, Apt. #, etc.
 303

Suite, Apt. #, etc.
 107

02092006 Chg-LLC CR2E083 (11/05)

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33145

Country
 Dade

Zip
 33125

Country
 Dade

4. FEI Number
 20-3758096

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 VALDES, MANUEL F
 4000 PONCE DE LEON BLVD., SUITE 400
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
 Name DR RAMON BAWA
 Street Address (P.O. Box Number is Not Acceptable)
 454 NW 22 Avenue
 Suite 107
 City Miami FL Zip Code 33125

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: DR RAMON BAWA

(NOTE: Registered Agent signature required when reinstating)

DATE: 2-9-06

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 STREET ADDRESS CITY-ST-ZIP | CEO RAMON BAWA 454 NW 22 Avenue, Ste 107 MIAMI, FL 33125 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: DR RAMON BAWA

Date: 2-9-06 Daytime Phone #: 305-644-9375