

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 24, 2006  
Secretary of State**

DOCUMENT# L05000105676

Entity Name: MARIA FRIAS SHAW, LLC

**Current Principal Place of Business:**

104 CRANDON BLVD.  
SUITE 323  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

2655 LEJEUNE ROAD  
PENTHOUSE I-D  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

POZO, ZAEDY R ESQ.  
2655 LEJEUNE ROAD  
PENTHOUSE I-D  
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: SHAW, MARIA F  
Address: 104 CRANDON BLVD., SUITE 323  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Delete  
Name: POZO, ZAEDY R  
Address: 2655 LEJEUNE ROAD, PENTHOUSE I-D  
City-St-Zip: CORAL GABLES, FL 33134

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: MARIA FRIAS SHAW

M

04/24/2006

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