FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90049 011 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

		W1414.	YAL I	IZEL OIZ	•								
DOCUMENT # L05000109957 1. Entity Name SUAREZ-CARRION INVESTMENTS, LLC										***** = ·	- -		
Principal Place of Business 520 BRICKELL KEY DRIVE STE 0-35 MIAMI, FL 33131				Mailing Address 520 BRICKELL KEY DRIVE STE 0-35 MIAMI, FL 33131				BEIDI ANN EDNI FONI O	Sizi iizh agiib ip	ira abink difu (CC)	19: (1: 1 9:1)		
2. Principal P	lace of Busin	ness	3. Mailing Address										
				Suite, Apt #. etc				17634541 54	inin bull seit sein e				
Suite, Apt. #, etc							01262006	Chg-LLC	CR2E0	83 (11/05)			
City & State				City & State				4. FEI Numbe	4479	212	.	plied For at Applicable	
Zip	Country			Zip Cour		Country	5. Certificate of Status Desired \$5.00 Additional Fee Required						
6. Name and Address of Current Re				gistered Agent Name				7. Name and Address of New Registered Agent					
TRANSGLOBAL CORPORATE ADMINISTRATION,LLC 520 BRICKELL KEY DRIVE STE O-35 MIAMI, FL 33131							Street Address (P.O. Box Number is Not Acceptable)						
					-								
						City				FL	Zip Cod		
8. The above the obligat	named entit ions of regis	y submits this state tered agent	tement for th	ne purpose of cha	anging its reg	istered office or	register	ed agent, or bot	h, in the State of I	Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature types	or printed name of regis	stered agent and	tide il applicable	(NOTE: Re	gistared Agent signatu	e requised	I when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006										ake check p da Departm		ė	
9.		MANAGING	MÉMBERS	/MANAGERS	1	10.			ADDITION	S/CHANGES			
TITLE	MGR	100511110		□ De	elete	TITLE		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	520 BRICKELL KEY DRIVE STE O-35					STREET ADDRESS CITY+ST-ZIP			•				
INLE	MGR	L 33131			alete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	520 BRICKELL KEY DRIVE STE O-35					NAME STREET ADDRESS							
CITY-ST-ZIP	MIAMI, F	L 33131				CITY-ST-ZIP TITLE					☐ Change	Addition	
NAME				□ Da	ente e	NAME					- Change	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY+ST-ZIP			_				
TITLE				Q D)eketa	TITLE			·	,	☐ Change	Addition	
NAME STREET ADDRESS						name Street adoress							
CITY-ST-ZIP				····		CITY-ST-ZIP							
TITLE				□ D)elete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS						STREET ADDRESS							
CHY-SI-ZIP					Tolete	CITY-ST-ZIP TITLE				· · · · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	<u> </u>	re (SE	NAME STREET ADDRESS CITY-ST-ZIP			٠		— American		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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: 1 108 LUIS SLORREZ 02/27/06 305-3743800												3800	
SIGNAT	UKE:	AND TYPED OR PRINT	TED NAME OF	SIGNING MANAGING M	MEMBER, MANAG	ER, OR AUTHORIZE	REPRES	ENTATIVE	Date		Daylime Phone #		