

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023712

Entity Name: PIVOCA, L.L.C.

FILED
Feb 16, 2006
Secretary of State

Current Principal Place of Business:

C/O PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD. SUITE 4000
MIAMI, FL 33131

New Principal Place of Business:

806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134

Current Mailing Address:

C/O PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD. SUITE 4000
MIAMI, FL 33131

New Mailing Address:

806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134

FEI Number: 56-2450643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD. 43RD FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

REGISTERED AGENT CORPORATE SERVICES INC
806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134 US

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: REGISTERED AGENT CORPORATE SERVICES INC

02/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREZ, ISAAC
Address: 200 S. BISCAYNE BOULEVARD, STE. 4000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEREZ, ISAAC
Address: 806 DOUGLAS ROAD SUITE 580
City-St-Zip: CORAL GABLES, FL 33134

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: PEREZ, ISAAC

MGRM

02/16/2006

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