## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L00000009904** 03-01-2006 90225 043 \*\*\*\*50.00 TAMWEST, L.L.C. Principal Place of Business Mailing Address 1221 BRICKELL AVE #902 1221 BRICKELL AVE #902 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 201 S. BISCAYNE BLVD., # 2831 201 S. BISCAYNE BLVD., # 2831 -MIAMI, FL 33131 02232006 Chg-LLC CR2E083 (11/05) MIAMI, FL 33131 City & State City & State 4. FEI Number Applied For 65-1046527 Not Applicable Country Country Zip \$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 TEW, JEFFREY Street Address (P.O. Box Number is Not Acceptable) C/O TEW CARDENAS REBAK 1441 BRICKELL AVENUE 15TH FLOOR, MIAMI, FL 33131 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 accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Defete TITLE MGR ☐ Addition TAMBURELLO, CHARLES T NAME NAME Tamburello, CharlesT STREET ADDRESS 1221 BRICKELL AVE #902 STREET ADDRESS 201 S. Biscayne Blvd. Suite 2831 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Miami, FL 33131 MGR ☐ Delete TATLE TITLE Addition TAMBURELLO, REGINA M NAME NAME Tamburello, Regina M STREET ADDRESS 1221 BRICKELL AVE #902 STREET ADDRESS 201 S. Biscayne Blvd. Suite 2831 CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33131 Miami, FL 33131 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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. 7IP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Charles Tamburello 2/23/06 (954) 445-3379

Daytime Phone #

FILED Mar 01, 2006 8:00 am