

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087441

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: TRAFALGAR MANAGEMENT, LLC

**Current Principal Place of Business:**

354 SEVILLA AVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1401 BRICKELL AVE.  
SUITE 320  
MIAMI, FL 33131

**Current Mailing Address:**

354 SEVILLA AVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

1401 BRICKELL AVE.  
SUITE 320  
MIAMI, FL 33131

FEI Number: 11-3735299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORTIZ, ALEX  
354 SEVILLA AVE  
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: JIMENEZ, ALEX  
Address: 354 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: LAPLANA, LUIS G  
Address: 354 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JIMENEZ, ALEX  
Address: 1401 BRICKELL AVE. SUITE 320  
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change ( ) Addition  
Name: LAPLANA, LUIS G  
Address: 1401 BRICKELL AVE. SUITE 320  
City-St-Zip: MIAMI, FL 33131

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: ALEX JIMENEZ

MGRM

04/19/2006

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