2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # L05000083185 1. Entity Name LDC MANAGEMENT, LLC							04-20-2006)40 ****	50.00
Principal Place of Business Mailing Address							2003348	35		
550 BILTMORE WAY, SUITE 1110 550 BILTMORE WAY, SUIT CORAL GABLES, FL 33134 CORAL GABLES, FL 3313				10						
2. Principal Place of Business 3. Mailing Address										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State				4. FEI Numbe	20-44634	161		oplied For ot Applicable
Zip	Country	Zip	Count	try		5. Certificate	of Status Desired		\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent				Ale		7. Name and	Address of New R	legistered A	\gent	
SCHECHTER ROSA E ESO				Name						
SCHECHTER, ROSA E ESQ. 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134			Stree		dress (F	(P.O. Box Number is Not Acceptable)				
00.016 07.05220,1	2 00101									
				City				FL	Zip Coc	le
The above named ent the obligations of regis	ity submits this statement for	the purpose of changing its	registere	ed office or re	registere	ed agent, or bot	h, in the State of Flo	orida. 1 am 1	amiliar with	and accept
ine obligations of regis	atered agent.									
SIGNATURESignature, type	ed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered	d Agent signature	peniuper e	when reinstating)		DATE		
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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 tursiee empowered to execute this proof as required by Chapter 608, Florida Statutes.

SIGNATURE:

Rodolfo Stern
and managing member, manager, or authorized representative

4/5/06

(305) 461-2440

Daytime Phone ∉