
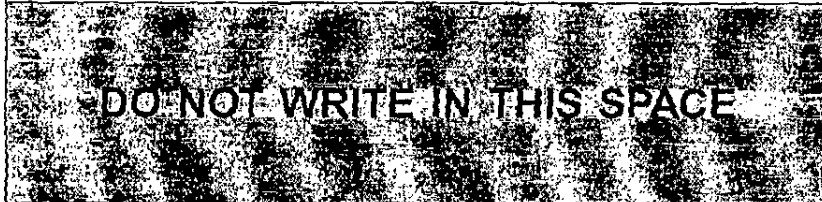


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 08:00
Secretary of State

DOCUMENT # L03000048650 1. Entity Name 1803 MURANO LLC	
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Principal Place of Business 1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131	Mailing Address 1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131
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01242008 No Chg-LLC CRZE083 (11/05)

4. FEI Number 20-0445830	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEHRMAN, JEFFREY E
 2222 PONCE DE LEON BLVD STE 500
 CORAL GABLES, FL 33134



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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

U00000502631
 04/25/06-80112-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECKES-CHANTRE, HEIDRUM 3780 GSTAAD SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENSI, ALBERTO 3780 GSTAAD SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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.

SIGNATURE: Alberto Lensi Heidrum Eckes-Chantre Date: 02/08/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #