2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000058363

Entity Name: INFANTE, ZUMPANO, HUDSON & MILOCH, LLC

Current Principal Place of Business:

2801 PONCE DE LEON BLVD
SUITE 1280
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2801 PONCE DE LEON BLVD
SUITE 1280
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INFANTE, EMIL R
2801 PONCE DE LEON BLVD
SUITE 1280
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:	ZUMPANO, CARLOS A	
Address:	1015 PLACETAS AVE	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGRM	( ) Delete
Name:	INFANTE, EMIL R	
Address:	1121 HARDEE ROAD	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGRM	( ) Delete
Name:	MILOCH, THEODORE C	
Address:	12782 STONE PINE WAY	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	MGRM	( ) Delete
Name:	HUDSON, ROBERT	
Address:	1524 GARCIA AVE	
City-St-Zip:	CORAL GABLES, FL 33146	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: EMIL R. INFANTE MGRM 04/28/2006

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