


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90030 015 ****50.00

DOCUMENT # L05000073650		
1. Entity Name ALBATROS HOLDINGS, LLC		

Principal Place of Business 260 CRANDON BOULEVARD THE SQUARE, NO. 8 KEY BISCAYNE, FL 33149	Mailing Address 260 CRANDON BOULEVARD THE SQUARE, NO. 8 KEY BISCAYNE, FL 33149
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2. Principal Place of Business		3. Mailing Address <i>Curtis Woods Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>635</i>	
City & State		City & State <i>KEY BISCAYNE - FLORIDA</i>	
Zip	Country	Zip <i>33149</i>	Country <i>U.S.A</i>



04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number <i>20-3214693</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROMERO, CLARA 260 CRANDON BOULEVARD THE SQUARE, NO. 8 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMERO, FRANCISCO 260 CRANDON BOULEVARD KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMERO, CLARA 260 CRANDON BOULEVARD KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Clara Romero* **4/22/06** **305-9334328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #