

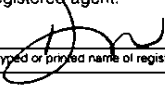
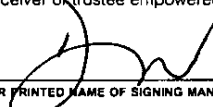


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90032 041 \*\*\*\*50.00

DOCUMENT # L01000020150					
1. Entity Name <b>AUGURI LLC</b>					
Principal Place of Business 9553 HARDING AVE., STE. 308 SURFSIDE, FL 33154			Mailing Address P O BOX 545867 SURFSIDE, FL 33154		
2. Principal Place of Business <b>260 Crandon Blvd</b> Suite, Apt. #, etc. <b>8</b> City & State <b>Key Biscayne Fl</b> Zip <b>33149</b> Country		3. Mailing Address <b>PO Box 1373</b> Suite, Apt. #, etc. <b>8</b> City & State <b>Key Biscayne, Fl.</b> Zip <b>33149</b> Country		<b>60035460</b> 	
05012006 Chg-LLC CR2E083 (11/05)				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BAUMBERGER, HANS 9553 HARDING AVE., STE. 308 SURFSIDE, FL 33154			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>260 Crandon Blvd #8</b> City <b>Key Biscayne</b> FL Zip Code <b>33149</b>		
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  <b>Hans Baumberger</b> DATE <b>4/28/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAUMBERGER, HANS 9553 HARDING AVE., STE. 308 SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>260 Crandon Blvd #8</b> <b>Key Biscayne, Fl. 33149</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>Hans Baumberger</b> Date <b>4/28/06</b> Daytime Phone # <b>(305) 8678970</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					