2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

| DOCUMENT # L00000005266 1. Entry Name Control 1. Entry Name | | AITHUAL | | | | | | - J | | |
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| 7215 NORTHWEST 41ST STREET BY E MIMM, FL 33166 2. Principal Place of Dusiness T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address T 2.15 No.W. 41 St. Suite. Apr. 46th. 45th. 5. Mailing Address of No. 10 St. Suite. Apr. 46th. 45th. 4 | 1. Entity Name | | | | | | 04-24-2006 | 90057 04. | 5 ****55 | 5.00 |
| Sure. Act. Bell Y E Sure. Apt. Bell Y E Sure. Application FEX. Application Fox. Applicati | 7215 NORTHWEST 41ST STREET 7215 NORTHWEST 4 BAY E MIAMI, FL 33166 | | | IT STREET, BAY L | | 4 | | II AB IO B EZBO Z IIO | | |
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| Country Country Country Country Sty 33166 Country Sty 33166 Country Sty 33166 Country Sty 33166 Sty 33 | Suite, Apt. # etc. Y- E | | Suite, Apt. #, etc. BAY - E | | 04192006 | Chg-LLC | CR2E08 | 3 (11/05) | | |
| DEVINE GOODMAN & WELLS, P.A. TO BRICKELL AVENUE, SUITE 980 | City & State MiAmi, FL. | | miamu . H- | | | | | | | |
| Name EDGARD TO RUND | zig33/ | 166 UJA | 33166 | Country | SA | l | | ب ب | ee Required | |
| DEVINE GOODMAN & WELLS, P.A. 777 BRICKELL AVENUE, SUITE 980 MIAMI, FL 33131 B. The above named entity submits this store and of the purpose of changing its repistered office or registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registering depth private agent and set of purpose of changing its repistered office or registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registering depth private agent and set of purpose of changing its repistered office or registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registering depth private agent and set of purpose of changing its repistered office or registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registering agent private repulsed agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Riorda. I am familiar with, and accept the obligations of Riorda. I am familiar with, and accept the riordal agent agent a | | 6. Name and Address of Current F | Registered Agent | Non | | 7. Name and A | | egistered Ag | gent | |
| Street Address (P.O. Box Number is Not Acceptable) T215 N.W. 415+ BAY-E | DEVINE C | COODMAN & WELLS DA | | Nan | " EDI | TARD TO | RUNO | | | - |
| 8. The above named entity submits this explanement 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 collegations of registered agent. SIGNATURE SIGNA | 777 BRICKELL AVENUE, SUITE 980 | | | | | | | | | |
| 8. The above named entity submits this catement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FDURRD TORUND O4/20/06 | | | | | | | | | | |
| TOURNE TO | | | | City | miAI | mi. | | FL | Zip Coge | 161 |
| TOURNE TOURNE TOURNEST TOURNES | 8. The above | named entity submits this statement for | the purpose of changing its | registered offic | e or register | ed agent, or both | n, in the State of Flo | rida. I am fa | miliar with, | and accept |
| Filing Foe is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MARE TORUNO, EDGARD TORUNO, EDGARD CUTY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P ADDITIONS/CHANGES CITY-ST-2P ADDITIONS/CHANGES ADDITIONS/C | the obligat | tions of registered agent. | | 7.00 | ₸. | | A | 1- 1 | _ | |
| Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE NAME TORUNO, EDGARD Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME Add | SIGNATURE | Single of broad & printed name of registered arrent at | | | • | t when reinstating) | 04 | [20] [| 6 | |
| 9. | Signeture, typeg or printed name of regustared agent and blue if applicable. (NUTE: Hegistered Agent signature required when reinstating). DA/E | | | | | | | | | |
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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.

CITY-ST-ZIP

SIGNATURE, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

06 410 9730 Daytime Phone #