
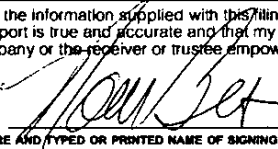


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90087 010 ****55.00

DOCUMENT # L00000013278 1. Entity Name PILOTCO, LLC					
Principal Place of Business 15001 N.W. 42ND AVENUE, BUILDING 47 STE 9 MIAMI, FL 33054			Mailing Address 2060 BISCAYNE BLVD., 2ND FLOOR MIAMI, FL 33137		
2. Principal Place of Business 15001 N.W. 42nd Ave. Suite, Apt. #, etc. Building 45, Suite 113 City & State Opa Locka, FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33054 Country U.S.A.			
4. FEI Number 65-1057082				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				02022006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent KRIEGER, STANLEY ESQUIRE 2060 BISCAYNE BOULEVARD, 2ND FLOOR MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAMAN, NORMAN 2060 BISCAYNE BLVD., 2ND FLOOR MIAMI, FL 33137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRIEGER, STANLEY J 2060 BISCAYNE BLVD 2ND FLR MIAMI, FL 33137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 02/03/06		Daytime Phone # 305-576-1889