2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/5/2006-90052-010-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:47

DOCUMENT # L01000011972

1. Entity Name
MARIRO HOLDINGS, LLC

Principal Place of Business	Mailing Address
~~3006 AVIATION AVENUE~~ ~~SUITE 2A~~ ~~COCONUT GROVE, FL 33133~~	~~3006 AVIATION AVENUE~~ ~~SUITE 2A~~ ~~COCONUT GROVE, FL 33133~~
2. Principal Place of Business: 2500 N.E. 135 St	3. Mailing Address: 2500 N.E. 135 St
Suite, Apt. #, etc.: 705	Suite, Apt. #, etc.: 705
City & State: No. Miami	City & State: No. Miami
Zip: 33181 Country: Dade	Zip: 33181 Country: Dade

05122006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-5412451 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FLORIDA CORPORATE SERVICES, LLC~~
~~3006 AVIATION AVENUE~~
~~SUITE 2A~~
~~COCONUT GROVE, FL 33133~~

7. Name and Address of New Registered Agent

Name: Connie D. Munoz
Street Address (P.O. Box Number is Not Acceptable): 2500 N.E. 135 St #705
City: No Miami FL Zip Code: 33181

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]
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASCO, RICARDO ~~3006 AVIATION AVENUE~~ ~~COCONUT GROVE, FL 33133~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 N.E. 135 St #705 No Miami, FL 33181	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #