2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# L01000015271

Entity Name: LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT, LLC

Current Principal Place of Business:

2665 S. BAYSHORE DR.
#11012
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DR.
#11012
MIAMI, FL 33133

New Mailing Address:

FEI Number: 95-4893848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP ( ) Delete
Name: ARAMBURU, DIEGO
Address: 2665 S. BAYSHORE DR. STE. 1101
City-St-Zip: MIAMI, FL 33133

Title: MGRS ( ) Delete
Name: HERNANDEZ, DENISE
Address: 2665 S. BAYSHORE DR. STE. 1101
City-St-Zip: MIAMI, FL 33133

Title: MGR (X) Delete
Name: HETTINGER, JONATHAN
Address: 2665 S. BAYSHORE DR. STE. 1101
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENISE HERNANDEZ MGRS 01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date