


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000015794</b>	
1. Entity Name <b>MASCO INTERNATIONAL, L.L.C.</b>	

Principal Place of Business <b>1990 NE 163RD STREET SUITE 207 NORTH MIAMI BEACH, FL 33162 US</b>	Mailing Address <b>8846 W FLAGLER STREET UNIT 1 MIAMI, FL 33174 US</b>
-------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------



01062006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1147109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HUYSMAN, MICHEL ESQ. 2000 S. DIXIE HWY., STE. 100M MIAMI, FL 33133</b>
------------------------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MA, XING RUI 1990 NE 163 ST STE 207 MIAMI, FL 33162</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM CHENMA, LIYING 1990 NE 163 ST STE 207 NORTH MIAMI BEACH, FL 33162</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000532152  
05/06/06-80071-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Ma Xing Rui*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 04/21/06 Daytime Phone # 305-905-1919