

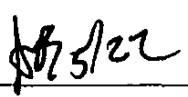
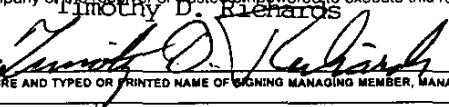


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000004339 1. Entity Name CHICO MANAGEMENT LLC						FILED 07 MAY 14 PM 2:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133				Mailing Address 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 02-0554697		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, JUAN 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEJIA, ELENA 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133			<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			
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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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							
Date: 4/30/07 Daytime Phone #: (305) 858-9900							