2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L02000005239

Entity Name: CHIMOL CHOCRON D'EUROPA, LLC

Current Principal Place of Business:

18660 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

16850-112 COLLINS AVENUE
SUITE 447
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

18660 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

16850-112 COLLINS AVENUE
SUITE 447
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-0787565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOCRON, CHIMOL
18660 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

CHOCRON, CHIMOL
16850-112 COLLINS AVENUE
SUITE 447
SUNNY ISLES BEACH, FL 33160 US

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: 04/28/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHOCRON, CHIMOL
Address: 18660 COLLINS AVE., #104
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR ( ) Delete
Name: CHOCRON, SADIA
Address: 18660 COLLINS AVE., #104
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHOCRON, CHIMOL
Address: 16850-112 COLLINS AVENUE SUITE 447
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR (X) Change ( ) Addition
Name: CHOCRON, SADIA
Address: 16850-112 COLLINS AVENUE SUITE 447
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: CHIMOL CHOCRON MGR 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date