

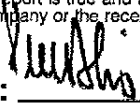


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L02000006304			
1. Entity Name MIAMI QUATTRO, LLC			
Principal Place of Business 6101 BLUE LAGOON DRIVE 430 MIAMI, FL 33126		Mailing Address 6101 BLUE LAGOON DRIVE 430 MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE			
			
		04282006No Chg-LLC CR2E083 (11/05)	
4. FEI Number 04-3627952		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLIS, ROLAND M 6101 BLUE LAGOON DRIVE 430 MIAMI, FL 33126		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 _____ <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, 2006			
9. MANAGING MEMBERS/MANAGERS		U000000546600 05/11/06-80122-017 50.00	
TITLE	MGR	DO NOT WRITE IN THIS SPACE	
NAME	BOLIS, ROLAND M		
STREET ADDRESS	6101 BLUE LAGOON DR. SUITE 430		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE	MGR		
NAME	D'ANCONA, IRMA		
STREET ADDRESS	6101 BLUE LAGOON DR. SUITE 430		
CITY-ST-ZIP	MIAMI, FL 33126		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 609, Florida Statutes.			
SIGNATURE:  Roland M Bolis Mgr		Date 4-28-06 Daytime Phone # 305-463-6226	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			