2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008693

1. Entity Name 505 LLC



06 APR 24 PH 12: 52

FILED SECRETARY OF STATE DIVISION OF STATE

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OF

Mailing Address

848 BRICKELL AVENUE, SUITE #810 MIAMI, FL 33131 848 BRICKELL AVENUE, SUITE #810 Miami, Fl. 33131



DO NOT WRITE IN THIS SPACE

04202006 No Chg-LLC CR2E083 (11/05)

03-0430717	 Not Applicabl
33 0 1001 11	 \$5.00 Additional

4/4/06 305 3078335

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET -TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 lamiliar with, and accept the obligations of registered agent.					
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMAR, LUIS 848 BRICKELL AVE STE 810 MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		00007 3 05/01/06010	3453170 32015 **500.08		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SI	PACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Man				
11. I hereby indicated limited lia	certify that the information supplied forth this filing does not on this report is true and locurate and that my signature s ability company or the reference of trustee impowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes hall have the same legal effect as if made under oath; that I am a moute this report as required by Chapter 608, Florida Statutes.	. I further certify that the information anaging member or manager of the		

ONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE