

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011217

FILED
Jun 28, 2006
Secretary of State

Entity Name: SERIES INTERNATIONAL, LLC

Current Principal Place of Business:

C/O 1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

New Principal Place of Business:

15675 NW 15 AVENUE
BAY 1
MIAMI, FL 33169

Current Mailing Address:

C/O 1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

New Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146

FEI Number: 14-1846070 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERT ALLEN LAW
1441 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
329 GRANELLO AVENUE
CORAL GABLES, FL 33146 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: JOHN L. HOFMANN

06/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OLARTE, MAURICIO
Address: 1441 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OLARTE, MAURICIO
Address: 15675 NW 15 AVENUE, BAY 1
City-St-Zip: MIAMI, FL 33169

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: MAURICIO OLARTE

MGR

06/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date