


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90041 003 ****55.00

DOCUMENT # L02000011677					
1. Entity Name FERRELL GROUP CORPORATE SERVICES, L.L.C.					
Principal Place of Business 201 SOUTH BISCAYNE BOULEVARD 34TH FLOOR MIAMI, FL 33131			Mailing Address 201 SOUTH BISCAYNE BOULEVARD 34TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1008543	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERRELL, SCHULTZ, CARTER, & FERTEL P.A. ATTN: SECRETARY 202 S BISCAYNE BLVD., 34TH FL MIAMI CENTER MIAMI, FL 33131			Name <u>Ferrell Law, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>Attn: Secretary</u> <u>201 S. Biscayne Blvd., 34th Floor</u> City <u>Miami</u> FL <u>33131</u>		
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 <u>Mayra C. La Castiglione</u>				DATE <u>4/27/06</u>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERRELL GROUP HOLDING COMPANY, LLC 201 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DA <u>CASTIGLIONE</u> , MAYRA C 201 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Da Castiglione, Mayra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 S. Biscayne Blvd, STE 3400 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WASERSTEIN, STEVE L 201 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Mayra C. La Castiglione 4/27/06 305-371-8385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #