## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # L02000013094  1. Entity Name PARLADE & SCHAEFER, LLC					05-01-2006 9	90083 035 ****5(	0.00	
				7	<b>&amp;</b> U U &	41006		
Principal Place	e of Business	Mailing Address		$\dashv$	~~~	-1000		
730 NE 71ST		730 NE 71ST STREET						
MIAMI, FL 33	3138	MIAMI, FL 33138						
<b>.</b>								
2. Principal Place of Business SU 99 ST.		3. Mailing Address 8005 Sw99 97				. 97081    1878    1014   1814   1840   1840	10/ 11/ 141	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1 ( 2 ,	04252006	Chg-LLC	CR2E083 (11/05)		
City & State	,	City & State  Mrami FL		4. FEI Numb		<del></del>	plied For	
Miam	Country	Miami, FC	Country	00-045		No	t Applicable	
<u> 33 19</u>	56 USA	33156	Country	5. Certificate	of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
SCHAEFER, JUSTIN			Name	ivame				
730 NE 71ST STREET MIAMI, FL 33138			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
···	4.							
	• • • • · · · · · · · · · · · · · · · ·	•	City			FL Zip Code	8	
8. The above the obligati	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office or regi	istered agent, or bo	oth, in the State of Flo	rida. I am familiar with,	and accept	
SIGNATURE.	· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature rec	nured when reinstation?		DATE		
		1	registered Agent atgriature rec	quired when remakating)			-	
	iling Fee is \$50.00 ue by May 1, 2006		registered Agent at gridion a rec	quinau witeri (eins(eiing)		e check payable to Department of State	9	
9.	ue by May 1, 2006  MANAGING MEMBE		10.	quist with reasoning)		e check payable to Department of State CHANGES	<b>9</b>	
9.	ue by May 1, 2006  MANAGING MEMBE  MGR		10. HRE		Fiorida ADDITIONS/	e check payable to Department of State CHANGES  Change	● Addition	
9.	ue by May 1, 2006  MANAGING MEMBE	RS/MANAGERS	10.	9025 \$	ADDITIONS	e check payable to Department of State CHANGES  Change		
9. TITLE NAME	MANAGING MEMBE MGR PARLADE, JAIME 730 NE 71 ST. STREET MIAMI, FL 33138	RS/MANAGERS	10. TITLE NAME	9025 \$	Fiorida ADDITIONS/	check payable to Department of State CHANGES  Change		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR PARLADE, JAIME 730 NE 71 ST. STREET MIAMI, FL 33138 MGR	RS/MANAGERS	10.  III'LE  NAME  STREET ADDRESS  CITY-ST-ZIP  TIJLE	9025 \$	ADDITIONS	e check payable to Department of State CHANGES  Change		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR PARLADE, JAIME 730 NE 71 ST. STREET MIAMI, FL 33138	RS/MANAGERS  Delete	10. HIFLE NAME STREET ADDRESS CITY-ST-ZIP	8025 S Miomi,	ADDITIONS/ SW 99 ST FL 331S	check payable to Department of State CHANGES  Change	☐ Addition	
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR PARLADE, JAIME 730 NE 71 ST. STREET MIAMI, FL 33138 MGR SCHAEFER, JUSTIN	RS/MANAGERS  Delete	10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TIJLE NAME	8025 S Miomi,	ADDITIONS/ SW 99 ST FL 331S	check payable to Department of State  CHANGES  Change  Change	☐ Addition	
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indicated on this report is true and accurate and that my signature shall have 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 cath; 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:

PED OR PRINTED HAME OF SIGNING MANAGING MEMBER.

4/26/2001 eraesentative

305-989-3182

Daytime Phone #