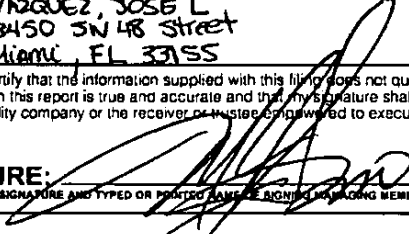


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

03-01-2006 90221 013 ****50.00

DOCUMENT # L02000014778			
1. Entity Name SOUTH FLORIDA MULTISPECIALTY ASSOCIATES LLC			
Principal Place of Business 4300 ALTON ROAD SUITE 207 MIAMI BEACH, FL 33140		Mailing Address 4300 ALTON ROAD SUITE 207 MIAMI BEACH, FL 33140	
2. Principal Place of Business 4300 Alton Road Ste. 2070		3. Mailing Address 4300 Alton Road Ste. 2070	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33140	Country DADE	Zip 33140	Country DADE
8. Name and Address of Current Registered Agent CURRIER, MARIA HUNTON & WILLIAMS 1111 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when filing change.)			
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 WEINBERG, DENIS R 4300 ALTON ROAD #207 MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. REINBERG, JAY 3700 Island Blvd C102 Aventura, FL 33160 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, MIGUEL 4300 ALTON ROAD #207 MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member FOSTER, ANDREW 1264 Aguilera Ave Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMAS, Gervasio A. 141 CRANDON BLVD. #333 KEY BISCAYNE, FL 33146 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member TOLENTINO, ALFONSO O 9401 SW 70th AVENUE MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member CICCA-MARLEEN, ROBERT 441 WEST 62ND STREET MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member VIZQUEZ, JOSE L 8450 SW 48 Street MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: 		Date: 3/30/06 Daytime Phone: (305) 695-0644	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			