2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# L02000015482

Entity Name: ASHACARA, LLC

Current Principal Place of Business:

224 CATALONIA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

201 ALHAMBRA CIRCLE
501
CORAL GABLES, FL 33134

Current Mailing Address:

224 CATALONIA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

201 ALHAMBRA CIRCLE
501
CORAL GABLES, FL 33134

FEI Number: 82-0550660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, VALENTIN
224 CATALONIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

3L FAMILY LTD
201 ALHAMBRA CIRCLE
501
CORAL GABLES, FL 33134 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: 3L FAMILY LTD 02/15/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LOPEZ, VALENTIN
Address: 224 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Delete
Name: LOPEZ-LIMA LEVI, RAIMUNDO
Address: 224 CATALONIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: 3L FAMILY LTD,
Address: 201 ALHAMBRA CIRCLE, 501
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: 3L FAMILY LTD D 02/15/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date