2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 27, 2006 08:00 AN DOCUMENT # L02000017135 **Secretary of State** 1. Entity Name 6000 INDIAN CREEK, L.L.C. Principal Place of Business Mailing Address 5996 SW 70TH STREET 5996 SW 70TH STREET MIAMI, FL 33143 MIAMI, FL 33143 2 01192006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3642458 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent EISINGER, DENNIS J ESQ DO NOT WRITE 4000 HOLLYWOOD BLVD., STE. 265, SOUTH HOLLYWOOD, FL 33021 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstation) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE BSG DEVELOPMENT CORP. NAME STREET ADDRESS 420 LINCOLN ROAD, STE, 448 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME U00000404456 STREET ADDRESS 02/06/06-80047-019 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE ED RAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #