
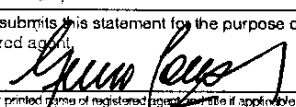
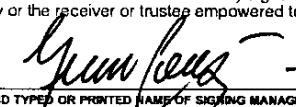


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90021 010 ****50.00

DOCUMENT # L02000017374					
1. Entity Name MS ASSOCIATES, L.L.C.					
Principal Place of Business 2662 NW 97 AVE MIAMI, FL 33172			Mailing Address 9339 NW 48 DORAL TERR. MIAMI, FL 33178		
2. Principal Place of Business		3. Mailing Address 9332 NW 48 DORAL TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIAMI - FL		03222006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 04-3706130	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33178		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent AU LOUSTEAU, GUILLERMO 9339 NW 48 DORAL TERR. MIAMI, FL 33178			7. Name and Address of New Registered Agent Name LOUSTEAU, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 9332 NW 48 DORAL TERRACE City MIAMI FL 33178		
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  GUILLERMO LOUSTEAU 03/21/06 <small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE					
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 SYLVESTER, MARTA 9339 NW 48 TERRACE MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUSTEAU HEGUY, GUILLERMO 9339 NW 48 TERRACE MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  - GUILLERMO LOUSTEAU 03/21/06 3058778496					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					