

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023004

1. Entity Name

CORNER SHOT HOLDINGS, L.L.C.



Principal Place of Business

FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 US

Mailing Address

FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131 US



03312006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2380865

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRONGOLD & SINGER, P.L.
FOUR SEASONS OFFICE TOWER
1441 BRICKELL AVE., SUITE 1430
MIAMI, FL 33131

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000510110
04/28/06-80070-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	G-N MANAGEMENT, LLC
STREET ADDRESS	1441 BRICKELL AVE., SUITE 1430
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	CORNER KROWN, LLC
STREET ADDRESS	1441 BRICKELL AVE., SUITE 1430
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/06 (305) 416-4545

Date

Daytime Phone #