## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** --- Mar 02, 2006 08:00-Al DOCUMENT # L02000024712 **Secretary of State** 1. Entity Name \*COSCAN ASSETS, LLC Principal Place of Business Mailing Address 5555 ANGLERS AVENUE 5555 ANGLERS AVENUE SUITE 1A SUITE 1A FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 01052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 14-1849609 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, L.L.C. DO NOT WRITE 201 SOUTH BISCAYNE BLVD. 34TH FLOOR IN THIS SPACE MIAMI, FL 33131 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) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE PIAZZA, ALBERT C NAME STREET ADDRESS 5555 ANGLERS AVENUE CITY-ST-ZIP FT. LAUDERDALE, FL 33312 TITLE NAME 0000004**53**427 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 flability company or the receiver or mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND T

ALBERT C. PIAZZA

1/10/06

(954) 620 7000