## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** Apr 26, 2006 08:00 AN Secretary of State

DOCUMENT # L020000 1. Entity Name BIANKA, LLC	025774		56	ecretary of
Principal Place of Business 201 N. PINE ISLAND PLANTATION, FL 33324 US	Mailing Address 3111 N. UNIVERSITY DR. SUITE 720 CORAL SPRINGS, FL 33065	us		
DO NOT WRITE IN THIS SPACE			01162006 No Chg-LLC  4. FEI Number 03-0485050	CR2E083 (11/05)

100	ICA NICAT ANIBILE INFOLUTION	" Breed	\		<del></del>	
DO NOT WRITE IN THIS SPA			4. FEI Number 03-048505	50		Applied For Not Applicable
			5. Certificate of St		\$5.00 Fee Re	Additional
	6. Name and Address of Current Registered Agent					
	CK MD E ISLAND RD JDERDALE, FL 33324			OT WR IIS SPA		
	named entity submits this statement for the purpose of changing its registerions of registered agent.	ed office or regist	ered agent, or both, in	the State of Florida	. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registere	it d Agent signature requi	red when retransling)	<u> </u>	DATE	jang
Fi D	iling Fee is \$50.00 ue by May 1, 2006	.s "T	12	.74	·. ,	
9.	MANAGING MEMBERS/MANAGERS	<u> </u>		And y to a be		
TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP	MGRM ABAC, MICK MD 201 N PINE ISLAND RD FORT LAUDERDALE, FL 33324		Ü	. (10000053 15/06/06~80	13580 1126-022	50.00
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NAME STREET ADDRESS CITY-ST-ZIP	***					i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	none responsibility and			and the same of th		
11. I hereby	certify that the information supplied with this filling does not qualify for the export is true and accurate and that my signature shall have the sa	xemptions contain	ned in Chapter 119, Fi	orida Statutes, I fur	ther certify tha	t the information

imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Plorida Statutes.

SIGNATURE: V

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