

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90029 002 ****55.00

20050100



03152006 Chg-LLC CR2E083 (11/05)

4. FEI Number **13-4226483** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOURDAN, ALLWYN
701 BRICKELL AVENUE
SUITE 2030
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **Jonathan J. Lichtman, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
120 E. Palmetto Park Road
Suite 100
City **Boca Raton** FL Zip Code **33432**

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 **Jonathan J. Lichtman, President** 3/15/06
(NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HERNANDEZ, CESAR**
STREET ADDRESS **701 BRICKELL AVENUE SUITE 2030**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGR** ☐ Delete
NAME **DALMOLIN, JUSTIN CFO**
STREET ADDRESS **701 BRICKELL AVENUE SUITE 2030**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Hernandez, Cesar**
STREET ADDRESS **701 Brickell Ave., Suite 2030**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **DalMolin, Justin CFO**
STREET ADDRESS **701 Brickell Ave., Suite 2030**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☒ Addition
NAME **Hernandez, Gustavo**
STREET ADDRESS **701 Brickell Ave., Suite 2030**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Justin DalMolin** 4/20/06 (305) 357-5576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #