

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033353

Entity Name: METAMORPHOSIS, LLC

FILED
May 23, 2006
Secretary of State

Current Principal Place of Business:

250 CATALONIA AVENUE
SUITE 400
CORAL GABLES, FL 33134

New Principal Place of Business:

250 CATALONIA AVENUE
SUITE 404
CORAL GABLES, FL 33134

Current Mailing Address:

250 CATALONIA AVENUE
SUITE 400
CORAL GABLES, FL 33134

New Mailing Address:

250 CATALONIA AVENUE
SUITE 404
CORAL GABLES, FL 33134

FEI Number: 42-1567216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ, ANTHONY J ESQ.
100 ALMERA AVENUE
SUITE 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PEREZ, ANTHONY J ESQ.
156 ALMERIA AVENUE
SUITE 205
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

05/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEREZ, GUSTAVE I
Address: 250 CATALONIA AVENUE, SUITE 400
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEREZ, GUSTAVE I
Address: 250 CATALONIA AVENUE, SUITE 404
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M. A. AREIZA AS-ATTORNEY-IN-FACT

MGR

05/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date