


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034967 1. Entity Name MAYNADA INVESTMENTS, L.L.C.	
---	---

Principal Place of Business 904 SW 23RD AVENUE, STE. 200 MIAMI, FL 33135	Mailing Address 904 SW 23RD AVENUE, STE. 200 MIAMI, FL 33135
--	--



02212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1066858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, DEMETRIO JR 904 SW 23RD AVENUE, STE. 200 MIAMI, FL 33135
--

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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DP REAL ESTATE HOLDINGS LLC 904 SW 23 AVE MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000505800 04/26/06-80129-014 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4-7-06 305 643 4888 <small>Date Daytime Phone #</small>
--	--