


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006101
 1. Entity Name
MIAMI CHILDREN'S HOSPITAL PRPG, LLC



Principal Place of Business Mailing Address
3100 SW 62 AVENUE **3100 SW 62 AVENUE**
MIAMI, FL 33155 US **MIAMI, FL 33155 US**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0724684	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

STRATOS, KIMARIE R
3100 SW 62 AVENUE
ADMINISTRATION, 2ND FLOOR
MIAMI, FL 33155

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

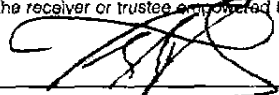
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROZEK, THOMAS 3100 SW 62ND AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATOS, KIMARIE 3100 SW 62ND AVENUE MIAMI, FL 33155
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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 appointed to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:  **THOMAS ROZEK** **EXT 2556**
CEO **4/20/06 (305) 666-6511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #