2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 08, 2006 08:00 AM Secretary of State

DOCUT 1. Entity Nam LARC, LL				Secretary of State
Principal Plac 3034 NW 82 MIAMI, FL 3	! AVE 3034 NV	82 AVE		
C	OO NOT WRITE IN T		ACE	C2012006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For NOT APPLICABLE Not Applicable 5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered A SALAS, RAUL ESQ. C/O SALAS, EDE, PETERSON & LAGE, L.L.C. 6333 SUNSET DRIVE SOUTH MIAMI, FL 33143				DO NOT WRITE IN THIS SPACE
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 SIGNATURE				
Signature, typed or printed name of registered agent and fille it applicable (INCTE. Ragistered Agent a posture required when reinstating). DATE Filling Fee is \$50,00 Due by May 1, 2008				
S. TITLE NAME	MANAGING MEMBERS/MANAGE MGR CORDOVA, LUIS A.R.	RS		
SIREET ADDRESS CITY-ST-ZIP	3034 NW 82 AVE MIAMI, FL 33122			000000425363 02/18/06-80091-021 50.00
NAME STREET ADDRESS CITY-ST-ZIP				02/18/D6-80091-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
tifle Name Street Address City-St-IIP				IN THIS SPACE
Title Name Street Address City-St-21P				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information specifies with this filling 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 churale 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 accepted or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: LUS A / Ejandro Rojas C. 02/02/06 (305) 7183535 SIGNATURE AND TYPED DE PHYSTE PHYSTE DELEGATION MEMBER OR AUTHORIZED REPRESENTATIVE DELEGATION DESIGNATURE AND TYPED DE PHYSTE PHYSTE DELEGATION DESIGNATION DE PHYSTE PHYSTE DE PHYSTE PHYS				