


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90031 050 ****50.00

DOCUMENT # L03000008245	
1. Entity Name FIRST CHANCE ASSETS MANAGEMENT, LLC	

Principal Place of Business 2800 GLADE CIRCLE SUITE # E-102 WESTON, FL 33327	Mailing Address 2800 GLADE CIRCLE SUITE # E-102 WESTON, FL 33327
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2. Principal Place of Business 11904 MIRAMAR PARKWAY Suite, Apt. #, etc.	3. Mailing Address 11904 MIRAMAR PARKWAY Suite, Apt. #, etc.
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City & State MIRAMAR, FLORIDA Zip 33025 Country USA	City & State MIRAMAR, FLORIDA Zip 33025 Country USA
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05012008 Chg-LLC CR2E083 (11/05)

4. FEI Number 37-1461361	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ILEANA ARIAS TOVAR, ESQ. 1725 MAIN STREET, SUITE 205 WESTON, FL 33326	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 rechartering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASSARO, MAURICIO 1725 MAIN STREET, SUITE 205 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTERO, BEATRIZ 1725 MAIN STREET, SUITE 205 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTERO, ELENA 1725 MAIN STREET, SUITE 205 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: by / s/ ali Date: 5/1/06 (954) 4428771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #