-2006 LIMITED LIABILITY COMPANY

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| ANNUAL REPORT | | | | Apr 17, 2006 08:00 | |
|---|--|---------------------|--|--|--|
| DOCU | MENT # L0300001 | 3510 | | Sec | cretary of Stat |
| 1. Entity Nam | | | | | |
| Principal Place of Business Mailing Address 1500 W CYPRESS CREEK RD, STE 409 1500 W CYPRESS CREEK I FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 3 | | | | 1 (1888) U. R. R R (188 2) (18 83) (18 83) (18 83) (18 83) | ENDO RECORNAL CHIEN DON ENDOR AND THE |
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| D | O NOT WRIT | E IN THIS SF | PACE | 02242006 No Chg-LLC 4. FEI Number | CR2E083 (11/05) Applied For |
| | The second secon | | | 65-1047067 | Not Applicable \$5.00 Additional |
| | | | | 5. Certificate of Status Desired | Fee Required |
| | 6. Name and Address of Curre | nt Registered Agent | and the same of the same | A STATE OF THE PARTY OF THE PAR | and the same of th |
| BRENNER, SCOTT 1500 W CYPRESS CREEK RD, STE 409 FORT LAUDERDALE, FL 33309 | | | | DO NOT W IN THIS SP | * |
| the obligat | named entity submits this statementions of registered agent. Signature, typed or orbited name of registered agent. Illing Fee is \$50.00 ue by May 1, 2006 | | glistered attice or regulated inspectation of the second | ed agent, or both, in the State of Flo | nda. I am tamiliar with, and accept |
| 9. | MANAGING MEN | IBERS/MANAGERS | <u> </u> | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP | D BRENNER, SCOTT 1500 W CYPRESS CREEK R FORT LAUDERDALE, FL 333 | | A Companied in | 04/29/06- | 80213-013 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT W | RITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | The second of th | IN THIS SF | ACE |
| TITLE NAME STREET ADDRESS CITY-ST-7IP | | | 2; 5 | | |

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #