

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017119

Entity Name: PROXIMUS REALTY, L.C.

FILED  
Jun 30, 2006  
Secretary of State

**Current Principal Place of Business:**

8900 SW 107TH AVENUE  
SUITE 317  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8900 SW 107TH AVENUE  
SUITE 317  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 56-2357183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GABLES REGISTERED AGENTS CORPORATION  
131 MADEIRA AVENUE  
CORAL GABLES, FL 33134      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DEGOMME, YVAN  
Address: 8900 SW 107TH AVE SUITE 317  
City-St-Zip: MIAMI, FL 33176

Title: MGR      ( ) Delete  
Name: LIMA, CORI  
Address: 8900 SW 107TH AVE SUITE 317  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YVAN DEGOMME

PD

06/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date