


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018589
 1. Entity Name
 GRUPO SKIES LATIN AMERICA, LLC



Principal Place of Business 2875 NE 191 STREET SUITE 800 MIAMI, FL 33180	Mailing Address 2875 NE 191 STREET SUITE 800 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



04292006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0110854	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
 ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVENUE, SUITE 125
 CORAL GABLES, FL 33146

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000561434
 05/19/06-80012-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GILINSKI, ABRAHAM 228 PARK DRIVE BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GILINSKI, MOISES 287 BAL CROSS DRIVE BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IASLOVITS, MICHAEL 168 CANDEM DRIVE BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *X [Signature]* Date: *5/1/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #