## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 10, 2006 8:00 am Secretary of State

DOCUMENT # L03000021813  1. Entity Name IVE GROUP ONE LC						02-10-2006 90	170 032	****50.0	0
Principal Place of Business 1201 BRICKELL AVENUE, SUITE 220 MJAMI, FL 33131-3207		Mailing Address 1201 BRICKELL AVENUE, SUITE 220 MIAMI, FL 33131-3207		60014093 					
2. Principal P	lace of Business	3. Mailing Address		<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006	Chg-LLC	CR2E0	33 (11/05)		
City & State		City & State		4. FEI Numbe 59-3773			<u> </u>	plied For t Applicable	
Zip Country		Zip	Country			of Status Desired		5.00 Add	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New R	egistered A	gent	
				Name					
GEOFFREY M. WAYNE, P.A. 1201 BRICKELL AVENUE, SUITE 220 MIAMI, FL 33131-3207				Street Address	(P.O. Box Numbe	r is Not Acceptable	) ————————————————————————————————————		
				City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registere	ed office or registe	ered agent, or both	h, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and little if applicable (NOT	TE Registere	d Agent signature require	d when renstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					Make check payable to Florida Department of State			•	
9.	· MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES		·
TITLE	MGRM	Delete	ΠπL	:				Change	Addition
NAME	FERNANDEZ-GALAN, FRANCIS		NAM	F					
				٠					
STREET ADDRESS	2103 SW 22ND ST; SUITE 405 MIAMI, FL 33145		STRE	ET ADDRESS - ST-ZIP					
	MIAMI, FL 33145		STRE	ET ADDRESS - ST-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP	MIAMI, FL 33145	☐ Delete	STRE CITY	ET ADDRESS - ST-ZIP				☐ Change	Addition
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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 impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 540C/0C

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

Date

Description of the phone of the printed name of the printed name of the phone of the