


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90427 019 *****50.00

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| DOCUMENT # L03000022473 |  |
| 1. Entity Name MONTELIMAR, L.L.C. | |

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| Principal Place of Business 17150 ARVIDA PARKWAY, SUITE 2 WESTON, FL 33326 | Mailing Address 17150 ARVIDA PARKWAY, SUITE 2 WESTON, FL 33326 |
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20011008

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| 2. Principal Place of Business 17150 Royal Palm Blvd | 3. Mailing Address 17150 Royal Palm Blvd |
| Suite, Apt. #, etc. 2 | Suite, Apt. #, etc. 2 |
| City & State Weston - FL | City & State Weston - FL |
| Zip 33326 | Country US |

01232006 Chg-LLC CR2E083 (11/05)

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|---|--|
| 4. FEI Number 55-0837439 | Applied For <input type="checkbox"/> Not Applicable |
| 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 WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

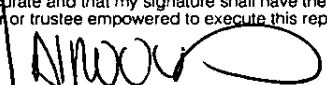
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | MGRM YOKANA, ALBERT A 809 CRESTVIEW CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM YOKANA, Albert A 17150 Royal Palm Blvd, STE 2 Weston - FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VELA, JAIRO H 17150 ARVIDA PARKWAY, SUITE 2 WESTON, FL 33326 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Vela, Jairo H 17150 Royal Palm Blvd, STE 2 Weston - FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARZON, CRISANTO 17150 ARVIDA PARKWAY, SUITE 2 WESTON, FL 33326 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Garzon, Crisanto 17150 Royal Palm Blvd, STE 2 Weston - FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #