2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 20, 2006 08:00 AM Secretary of State

| 1. Entity Nan | MENT # L03000024613 | | | | · |
|--|---|-------------|--|--|--|
| Principal Place of Business Mailing Address 6550 N FEDERAL HWY 512 6550 N FEDERAL HWY 512 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 | | 3 | S (REIXEN) DIN BERNE WAN BEIN DUW BEIN | . BENJE NEN EIBIB ENES SIBBE SNESK (SS SEB) | |
| | | | | 01272006No Chg-LLC | CR2E083 (11/05) |
| | OO NOT WRITE IN THIS | SPA | CE | 4. FEI Number 04-3765888 5. Certificate of Status Desired | Applied For Not Applicable \$5.00 Additional Fee Regulfed |
| | 6. Name and Address of Current Registered Agent | | | | |
| DICKISON, LINDA S 6550 N FEDERAL HWY 512 — FORT LAUDERDALE, FL 33308 | | | DO NOT WRITE IN THIS SPACE | | |
| 8. The above the obligation of the statement of the state | e named entity submits this statement for the purpose of changitions of registered agent. Signature, typed or printed name of registered agent and the if applicable | | ed office or register | | rida. I am Iamiliar with, and accopt |
| F | iling Fee is \$50.00 lue by May 1, 2008 | | · · · · · · · · · · · · · · · · · · · | | |
| 9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP | MANAGING MEMBERS/MANAGERS MGRM LOWENSTEIN, JERRY 821 N.E. 9TH AVENUE POMPANO BEACH, FL 33060 | | | | |
| TIBLE NAME STREET ADDRESS CITY-ST-TIP TIBLE | | | | 90/30/80 | U433694 -80011-005 50. 0 0 |
| NAME STREET ADDRESS CITY-SI-ZIP THE | | | | DO NOT W | |
| L . | 1 | | - | 11A 111172 22L | |

11. I hereby certify that the information supplied with this filing does not quality 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

STREET ADORESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-15-06 Outv Oxy