2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # L03000024807 1. Entity Name DE-AGE, LLC					04-26-2006 90147 017 ****50.00			
Principal Place of Business 2901 COLLINS AVENUE MIAMI BEACH, FL 33140 Miami BEACH, FL 33140 Miami BEACH, FL 33140)		20036334			
2 Principal Place of Business ROAD 3 Mailing Address 605 LINCOLN ROAD 605 LIN			u ROAD					
5 Proor		Suite, Apt. # glc. Mook		01252006	Chg-LLC	CR2E083 (11/05)		
MiAmi BEACH, A		MiAmi BEACH, PL		4. FEI Num 16-16	78306		plied For t Applicable	
331	39 Country SA	zin 33 / 39	Country SA	5. Certifica	te of Status Desired	S5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Namo		nd Address of New R			
LAZAR, BRUCE E					Ruce E			
	LINS AVENUE ACH, FL 33140	Stree Ac	ddress (P.O. Box Num 25	ber is Not Acceptable	KOAD			
/				5TH FL	OOR		_	
		CityMI	Ami BEI	9CH.	FL Zip Code	39		
8. The above nathed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Specific Florida agent anyther if applicable. NOTE: Registered Agent signature of require required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2006						e check payable to a Department of State	Đ	
9.	MANAGING MEMBE		10.		ADDITIONS/			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ITALKIDS, INC. 2901 COLLINS AVENUE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	605 LINCE MIAMI B	IN D-57	#Change PLOOR 33139	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ 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.

MARTIN ELORTESU, PRES, TTALKIDS, Fuc.

SIGNATURE:

MANA-SIN MEINBER

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED GEPRESENTATIVE 305 532-1215