

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

APPROVED
AND
FILED

06 MAY 15 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



01252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
41-2104932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FAMADA, MARTHA MORAN
1470 N.W. 107 AVENUE, SUITE C
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FAMADA, MARTHA M
STREET ADDRESS 1470 NW 107 AVE STE C
CITY-ST-ZIP MIAMI, FL 33172

TITLE MGRM
NAME PEREZ, EDUARDO
STREET ADDRESS 1470 NW 107 AVE STE C
CITY-ST-ZIP MIAMI, FL 33172

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**DO NOT WRITE
IN THIS SPACE**

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]*

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

Date

Daytime Phone #

✓ 01-27-06 ✓ (305) 790-9711