2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ASIA MINOR, LLC O6 MAY - 1 PM 2: 24 O6 MAY - 1 PM 2: 24 O6 MAY - 1 PM 2: 24 SIGNILIARY OF STATE SIGNILIARY OF STATE SIGNILIARY OF STATE TALLAHASSEE, FLORIDA 150 ALHAMBRA CIRCLE 925 CORAL GABLES, FL 33134 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country The Country Suite of Country The Country Street Address of New Registered Agent Name Applied For 20-0861172 Not Applicable \$5.00 Additional Fee Required Fee Required The Applied For Not Applicable Street Address of New Registered Agent City Street Address (P.O. Box Number is Not Acceptable) City 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.	DOCUMENT # L03000028522							FILEU		
Principal Place of Business 150 ALHAMBRA CRCLE 150 ALHAMBRA 150 A	1. Entity Name ASIA MINOR, LLC					DM 2: 24				
925 CORRL GABLES, FL 33134 2. Principal Place of Business 3. Molling Address Suite, Apt. #, etc. City 6 State City 7 S		·					06 MA1			-
925 CORRL GABLES, FL 33134 2. Principal Place of Business 3. Molling Address Suite, Apt. #, etc. City 6 State City 7 S	Oringinal Place	n of Duninger	Mailing Address		- Comp	-	s#CRt	LARY OF	STATE	ī. Va
925 CORRL GABLES, FL 33134 2. Principal Place of Business 3. Molling Address Suite, Apt. #, etc. City 6 State City 7 S			-			TALLAHASSEE, FLORIDA				
2. Principal Place of Business Suite, Apt. 8, etc. Applied For ZoO851172 Zp Country Zp Zp Country Zp Country Zp Z	925		925	925			175			
Suite, Apt. #, etc. Salte, Apt. #, etc. Solie, Apt. #, etc.	CORAL GABLI	ES, FL 33134	CORAL GABLES, FL 33	134						
City & State City & State Country Zip Country 2.0-0861172 A. FEI Number A. FEI	2. Principal Pl	lace of Business	3. Mailing Address							
Zip Country Zip Country S. Gertificate of Sistus Desired S. \$5.00 Assistant Fee Recutation S. Section	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03042006	Chg-LLC	CR2E08	3 (11/05)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, STE 103 MIAMI, FL 33145 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 familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the both in the State of Florida. I am familier with, and accept the both in the State of Florida. I am familier with, and accept the both in the State of Florida. I am familier with, and accept the both in the State of Florida. I am familier with, and accept the both in the State of Florida. I am familier with, and accept the both in the State of Florida. I am familier with, and accept the both in the State of Florida. I am familier with, and accept the State of Florida. I am familier with, and accept the State of Florida. I am familier with, and accept the State of Florida Department of State of Florida Departm	City & State)	City & State							
DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, STE 103 MIAMI, FL 33145 Either 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 FILING Foe is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State FILING Foe is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State 10. ADDITIONS/CHANGES OPTIST ROPES OPT	Zip	Country Zip		Country						
DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, STE 103 MIAMI, FL 33145 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 Fonda. I am familiar with, and accept the abiligations of registered agent. SIGNATURE Signature Security Secu		6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	gent	
Sirent Address (P. O. Box Number is Not Acceptable) City FL Zip Code					Name					
Entry 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 SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE ONTE: Registered Agent synature required informer inflating of 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. Interpretation of 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. Interpretation of the state of Florida Department of State Make check payable to Florida Department of State Interpretation of State Department o	2300 CORAL WAY, STE 103				Street Address (P.O. Box Number is Not Acceptable)					
B. 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 OCTIT Requisition deposits in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the children of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the children of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the children of the children of the state of Florida. I am familiar with, and accept the children of	MIAMI, FL	<i>ა</i> ა140								
SIGNATURE: Change Delde THE Delde Delde THE Delde Delde THE Delde Delde THE Delde THE Delde Delde Delde THE Delde Delde Delde THE Delde Delde Delde Delde THE Delde Delde Delde THE Delde Delde Delde Delde THE Delde							FL '			
Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State State			or the purpose of changing its	registere	ed office or registe	ered agent, or bo	th, in the State of Fl	orida. I am fa	ımiliar with, a	and accept
Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MARE LOPEZ-CANTERA, CARLOS SIREE MORESS 150 ALHAMBRA CIRCLE #925 CITY-ST-2P CORAL GABLES, FL 33134 ITILE MARE SIREE MORESS 150 ALHAMBRA CIRCLE #925 CITY-ST-2P CORAL GABLES, FL 33134 ITILE MARE SIREE MORESS CITY-ST-2P Delete ITILE MARE SIREE MORESS CITY-ST-2P CHANGES CITY-ST-2P CHANGE SIREE MORESS CITY-ST-2P CHANGE SIREEM SIREM SIREEM SIREEM SIREM SIREM SIREM SIREM SIREM SIREM SIREM SIREM S	SIGNATURE .	Signature, bound or printed name of registered grant	and title if applicable (NOTE	- Banistore	d Accept signed use require	arl when reinstation).		DATE		
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition MAKE COPEZ-CANTERA, CARLOS MAKE COPEZ-CANTERA, CARLOS MAKE SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS COTY-51-2P CORAL GABLES, FL 33134 CT SIRET ADDRESS CTY-51-2P Change Addition MAKE SIRET ADDRESS CTY-51-2P Change Addition MAKE COPEZ-CANTERA, CARLOS CTY-51-2P CopeZ-CANTERA, CARLOS CTY-51-2P COPEZ-CANTERA, COPEZ-CANT		Signature, typed or printed name or registered agent	and the supplement. (NOTE	riogassoro	o regionic angle mitter o i resigne o					
TITLE NAME COPEZ-CANTERA, CARLOS NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP	Fi Di	ling Fee is \$50.00 ue by May 1, 2006								
TITLE NAME COPEZ-CANTERA, CARLOS NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP	9	MANAGING MEMBI	FRS/MANAGERS	10.			ADDITIONS	/CHANGES		
SIRET ADDRESS COPY-ST-2P TITLE NAME SIRET ADDRE						-		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP AD		•			•	1				
TITLE Delete TITLE NAME US/23/UB010S2013 **55.00 STREET ADDRESS STREET ADDRESS US/23/UB010S2013 **55.00 STREET ADDRESS US/25/UB010S2013 **55.00						1895/6	•			
NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		COIVAL GABLES, I'L 33134	☐ Delote	_	\ <u>-</u> \	0 · • · [70007	5102	fr Chance	_i Addition
CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						05/	23/0601	05201	3 **5	55.00
TITLE INAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CIT										
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP			<u> </u>	_					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			L.J Delete						□ cliange	☐ V00III0II
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	-			STRE	ET ADDRESS	-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A	CITY-ST-ZIP			CITY-	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 the most 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 trusted embowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: **TOTATION OF THE PROPERTY OF TRUSTS OF			☐ Detete						☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 many signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver of trusted employed to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Addition	•									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 many signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver of trusted employed to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Addition Additio										
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 many signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver of trusted employed to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 305-854-1040	TITLE		☐ Delete	TITLE					Change	☐ Addition
CITY-ST-ZIP TITLE Delete IIILE NAME STREET ADDRESS CITY-ST-ZIP 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 the managing number or manager of the limited fiability company or the receiver of trusted employeed to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Addition					- 1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 managing nature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver of trusted employeed to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 305-854-1040										
NAME STREET ADDRESS CITY-ST-ZIP 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 massignature 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 of truster embodiered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 305-854-1040			☐ Delete	-			***		☐ Change	☐ Addition
CITY-ST-ZIP 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 managing nature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver of trusted employeed to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 305-854-1040	NAME									
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 first posignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited fiability company or the receiver or trusted emberged to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE: 305-854-1050					i i					
indicated on this report is true and accurate and manager of the limited liability company or the receiver of trusted embered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 305-854-1040	11 Lbaraby	pertify that the information cumplied wit	h this filing does not qualify for	the eve	motions contained	d in Chanter 119	Florida Statutes 1	further certify	that the info	rmation
SIGNATURE: 428-06 305-854-1040	indicated	on this report is true and accurate and	d instruction signature shall have	the same	e legal effect as if	made under oatl	n; that I am a mana Statutes.	iging member	or manage	r of the
SIGNATURE, SEE TO THE SEE THE	minied Na	Sincy Configurate of Anna Conventor in Indian	A A A	. Sport at	o loquilou by Olia					
SIGNATURE, SEE TO THE SEE THE	SIGNAT	TIPE! SUPPLY ()				•	428-06	305	-85H-	1040
	SIGITAL	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MAI	NAGER, OF	AUTHORIZED REPRES	BENTATIVE	Date	Da	ytime Phone #	

CARLOS LOPEZ CANTERA