2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90023 046 ****50.00 DOCUMENT #L03000029688 1. Entity Name TUCÚMAN, LLC 40042455 Principal Place of Business Mailing Address 4500 NW 79 AVE 4500 NW 79 AVE 2-A 2-A EL DORAL, FL 33166 EL DORAL, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 56-2408237 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEREDIA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 4500 NW 79 AVE APT 2-A EL DORAL, FL 33166 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE me ☐ Detete ☐ Change ☐ Addition HEREDIA, JOSE A NAME NAME 4500 NW 79 AVE APT 2-A STREET ADDRESS STREET ADDRESS EL DORAL, FL 33166 City-St-7IP CITY-ST-ZIP TITLE 🗶 Delete ĦПF ☐ Change ☐ Addition NAME DIAZ, NORA FANY NAME STREET ADDRESS 4500 NW 79 AVE APT 2-A STREET ADDRESS CITY-ST-ZIP EL DORAL, FL 33166 CITY-ST-ZIP MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME HEREDIA, RAMIRO ADRIAN NAME STREET ADDRESS 4500 NW 79 AVE APT 2-A STREET ADDRESS EL DORAL, FL 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE Delete EIII F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED