2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 20, 2006 8:00 am
Secretary of State
04-03-2006 90068 028 ****50.00

DOCUMENT # L03000029853

1. Entity Name
88 COURTYARDS, LLC

Principal Place of Business	Mailing Address
21011 N.E. 38TH AVENUE, #88 AVENTURA, FL 33180	21011 N.E. 38TH AVENUE, #88 AVENTURA, FL 33180

03282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
3841 NE 2nd AVE		3841 NE 2nd Ave.	
Suite, Apt. #, etc. 203-A		Suite, Apt. #, etc. Suite 203-A	
City & State Miami - FL		City & State Miami, FL	
Zip 33137	Country EE.UU	Zip 33137	Country EE.UU

4. FEI Number 20-1290679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LUSINCHI, BLANCA 21011 N.E. 38TH AVE. #88 MIAMI, FL 33180	Name Street 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LUSINCHI, BLANCA I 21011 N.E. 38TH AVENUE, #88 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] Blanca Lusinchi 3/27/06 786-439-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #