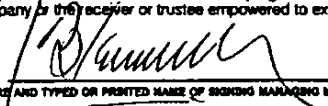


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 21011 N.E. 38TH AVENUE, #88 AVENTURA, FL 33180		Mailing Address 21011 N.E. 38TH AVENUE, #88 AVENTURA, FL 33180	
2. Principal Place of Business 3841 NE 2nd Ave Suite, Apt. #, etc. 203-A City & State Miami - FL Zip 33137 Country EE.UU		3. Mailing Address 3841 NE 2nd Ave. Suite, Apt. #, etc. Suite 203-A City & State Miami, FL Zip 33137 Country EE.UU	
		03262006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-1296679 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LUSINCHI, BLANCA 21011 N.E. 38TH AVE. #88 MIAMI, FL 33180		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) 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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: 		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 #	