## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 10, 2006 8:00 am Secretary of State **DOCUMENT # L03000034661** 03-10-2006 90127 046 \*\*\*\*50.00 1. Entity Name DOWN SOUTH, LLC Principal Place of Business Mailing Address ~~~#IUUU 2950 SW 27TH AVE 2950 SW 27TH AVE SUITE 300 SUITE 300 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 33-1085019 Not Applicable Country Ζip Country Zip \$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 GARCIA, EDUARDO J Street Address (P.O. Box Number is Not Acceptable) SUITE 300 GROVE PROFESSIONAL BLDG. 2950 SW 27TH AVE MIAMI, FL 33133 City Zip Code FL 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, 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 ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition DELGADO, ROLANDO NAME NAME 2950 SW 27TH AVE SUITE 300 STREET ADDRESS STREET ADDRESS MIAMI, FL 33133 : CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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.

ROLANDO DELGADO

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

FILED