2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # L03000036855 1. Entity Name FERCA, LLC			05-02-2006 90043 030 ****50.00				
Principal Place of Business Mailing Address				1			
3663 S.W. 8TH STREET PENTHOUSE	3663 S.W. 8TH STREET PENTHOUSE		}				
MIAMI, FL 33135	MIAMI, FL 33135			3 (B 1 (1 A 1) B) (O ELCO ILIII OOSI TAIH OO	 	
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		02152006	Chg-LLC	CR2E083 (11/05)	•	
City & State	City & State			4. FEI Number 20-026		├ ─- ├ -	pplied For of Applicable
Zip Country	Zip Country		5. Certificate	of Status Desired	□ \$5.00 Ad Fee Require		
6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New I	<u></u>	
TORRES DE MAVARRA, CARLOS			Name				
3663 S.W. 8TH STREET			Street Address (P.O. Box Number is Not Acceptable)				
PENTHOUSE (1) MIAMI, FL 33135							
				FL Zip Code			
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its	s registered office	or registe	red agent, or bot	th, in the State of Fl	lorida. I am familiar with	, and accept
SIGNATURE		·					
Signature ligaritics printed mane of required agent	ned title it applicable. (NO	TF Degistared Agent sig	prefure require	d when reinstating)		DAIF	
Filing Fee is \$50.00 Due by May 1, 2006						ke check payable to la Department of Stat	te
· · · · · · · · · · · · · · · · · · ·		10.		ADDITIONS / CHANGES			
TITLL MGRM NAME VALLS, FELIPE A JR.	☐ Delete	THTLE NAME				☐ Change	Addition
		STREET ADDRES	ss		•		j
CITY-ST-ZIP MIAMI, FL 33135 TITLE MGRM	☐ Delete	CITY-ST ZIP				☐ Change	☐ Addition
NAME DE LA FE, ERNESTO	DE LA FE, ERNESTO NAM					onange	☐ Addition
STREET ADDRESS 3663 S.W. 8TH STREET, PENTHOUSE STREET, PENTHOUSE CITY-ST-ZIP MIAMI, FL 33135			SS				
TITLE MGRM Delete Title						☐ Change	Addition
NAME TORRES DE NAVARRA, CARLOS SIRELI ADDRESS 3663 S.W. 8TH STREET, PENTHOUSE SI			ss				
CITY-S1-ZIP MIAMI, FL 33135		CITY-ST-ZIP					
TITLE	☐ Defolo	TITLE				Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRES	ss				
THE	☐ Delete	TITLE		<u> </u>		☐ Change	☐ Addition
NAME STATE ADVINERS		NAME CAREAT A REPORT				_ •	-
STREET ADDRESS CITY-ST-ZIP		STREET ADDRES	22				
lifte	☐ Delete	TITLE				☐ Change	Addition
NAME STHEET ADDRESS		NAME Street addre	ss				
CITY-ST-ZIP		CITY-ST-ZIP				further certify that the inf	

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DUIC DIC DESCRIPTION OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DUIC DESCRIPTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DUIC DESCRIPTION OF DESCRIPTION OF