

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037165

FILED
May 08, 2006
Secretary of State

Entity Name: AUSTRAL ENTERPRISES, LLC

Current Principal Place of Business:

3400 S.W. 27TH AVE. #1104
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

C/O ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, STE. 600
COCONUT GROVE, FL 33133

New Mailing Address:

C/O ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE
SUITE 600
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

ATER REGISTERED AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE
SUITE 700
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: SANTIAGO ELJAEK, MANAGER

05/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORALES, ANTHONY S
Address: 3400 S.W. 27TH AVE. #1104
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY MORALES

MGR

05/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date