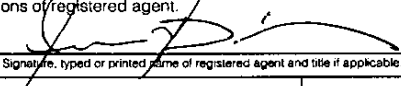
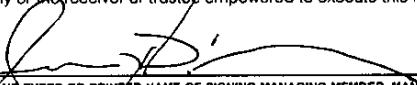


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90058 032 ****55.00

DOCUMENT # L03000038898 1. Entity Name ID 2911 LLC					
Principal Place of Business 2911 OKEECHOBEE RD FT PIERCE, FL 34947			Mailing Address 2911 OKEECHOBEE RD FT PIERCE, FL 34947		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 18651 SOUTH WEST 39TH STREET Suite, Apt. #, etc.			
City & State Zip		City & State MIRAMAR, FL Zip 33029		Country USA	
4. FEI Number 20-0302357				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				03042006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent LUZIM, RONALD A ESQ 9900 WEST SAMPLE RD., STE. 400 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name DIAZ, JUAN Y Street Address (P.O. Box Number is Not Acceptable) 18651 SOUTH WEST 39TH STREET City MIRAMAR		
FL			Zip Code 33029		
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 		PRES		4/21/06	
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 DIAZ, JUAN Y 18651 SW 39TH STREET MIRAMAR, FL 33029	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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 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: 		PRES		4/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	