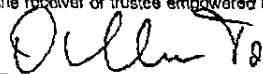
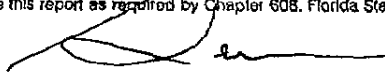


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00
Secretary of State

DOCUMENT # L03000048650		
1. Entity Name 1803 MURANO LLC		
Principal Place of Business 1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131		Mailing Address 1111 BRICKELL AVENUE, SUITE 1700 (RFH) MIAMI, FL 33131
DO NOT WRITE IN THIS SPACE		
		01242008 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 20-0445830
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent LEHRMAN, JEFFREY E 2222 PONCE DE LEON BLVD STE 500 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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 _____ 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		U00000502631 04/25/06-80112-001 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECKES-CHANTRE, HEIDRUM 3780 GSTAAD SWITZERLAND,	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENSI, ALBERTO 3780 GSTAAD SWITZERLAND,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE:   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Alberto Lensi, Manager		02/08/06 Date Daytime Phone #