2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 

FILED **DOCUMENT # L03000049379** 2006 APR 24 AM 7:53 DADÉLAND PARCEL C LLC SECRETARY OF STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 848 BRICKELL AVE, STE 810 848 BRICKELL AVE, STE 810 MIAMI, FL 33131 MIAMI, FL 33131 04202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0805686 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 515 E, PARK AVE. TALLAHASSEE, FL 32301 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) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE LAMAR, LUIS NAME STREET ADDRESS 848 BRICKELL AVE STE 810 CITY-ST-ZIP MIAMI, FL 33131 **600073395956** 05/01/06--01014--019 \*\*50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information sub-indicated on this report is true and account free with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information rate 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 or trusted employment to execute this report as required by Chapter 608, Florida Statutes. limited liability company or

SIGNATURE:

TITLE NAME STREET ADORESS CATY-ST-ZIP

> SIGNATURE AND TYPED OR PE NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE