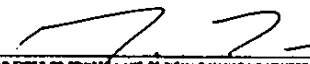


FILED
Jun 09, 2006 8:00 am
Secretary of State

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04-28-2006 90032 043 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000049748			
1. Entity Name ATABLA MARKET PARTNERS LLC			
Principal Place of Business 445 E. RIVO ALTO DR. MIAMI BEACH, FL 33139		Mailing Address 1640 S. SEPULVEDA BLVD., #515 LOS ANGELES, CA 90026	
2. Principal Place of Business 913 MEDINA AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State	
Zip 33134	Country USA	Zip	Country
4. FEI Number 20-0466081		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04252006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent TRIFIRO, MATTHEW 445 EAST RIVO ALTO DRIVE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name MATTHEW TRIFIRO Street Address (P.O. Box Number is Not Acceptable) 913 MEDINA AVE City CORAL GABLES FL Zip 33134	
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 this is acceptable (NOTE: Registered Agent signature required when transferring) 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 MGR JAFFRAY, INC. 445 EAST RIVO ALTO DRIVE MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR MATTHEW TRIFIRO 913 MEDINA AVE CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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: 		MATTHEW C. TRIFIRO 6/3/06 (305) 440 534 2265	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	