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Secretary of State

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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

04252006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
913 MEDINA AVE	
Suite, Apt. #, etc.	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

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 Code: 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 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	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
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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: [signature] MATTHEW C. TRIFIRO 6/3/06 (305) 534 2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #