

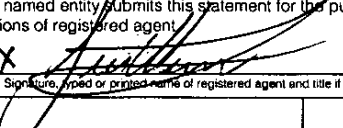
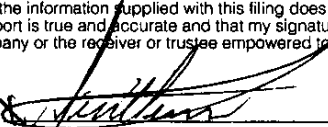


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90026 050 ****50.00

DOCUMENT # L03000051226 1. Entity Name QUEEN INVESTMENTS, LLC																																																																																																																																			
Principal Place of Business 1701 SW 2ND AVE MIAMI, FL 33129				Mailing Address 1701 SW 2ND AVE MIAMI, FL 33129																																																																																																																															
2. Principal Place of Business 1110 Brickell Avenue Suite, Apt. #, etc. Suite 402 City & State Miami, FL Zip 33131		3. Mailing Address 1110 Brickell Avenue Suite, Apt. #, etc. Suite 402 City & State Miami, FL Zip 33131																																																																																																																																	
Country USA		Country USA		04122006 Chg-LLC CR2E083 (11/05)																																																																																																																															
4. FEI Number 71-0957298				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent REINA, GUILLERMO 1701 SW 2ND AVE MIAMI, FL 33129																																																																																																																															
7. Name and Address of New Registered Agent Name Reina, Guillermo Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Avenue Suite 402 City Miami State FL Zip Code 33131				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 X  DATE 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																															
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>REINA, GUILLERMO</td> <td></td> <td>NAME</td> <td>Reina, Guillermo</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1701 SW 2ND AVE</td> <td></td> <td>STREET ADDRESS</td> <td>1110 Brickell Avenue Suite 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33129</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami, FL 33131</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>MGR</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>REINA, NANCY</td> <td></td> <td>NAME</td> <td>Reina Nancy</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1701 SW 2ND AVE</td> <td></td> <td>STREET ADDRESS</td> <td>1110 Brickell Avenue Suite 402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33129</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami, FL 33131</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	REINA, GUILLERMO		NAME	Reina, Guillermo		STREET ADDRESS	1701 SW 2ND AVE		STREET ADDRESS	1110 Brickell Avenue Suite 402		CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	Miami, FL 33131		TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	REINA, NANCY		NAME	Reina Nancy		STREET ADDRESS	1701 SW 2ND AVE		STREET ADDRESS	1110 Brickell Avenue Suite 402		CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP	Miami, FL 33131		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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:  4/26/06 305/3717676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone (Ext.)</small>																																																																																																																																			