
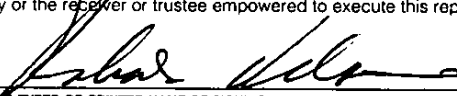


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90064 031 ****50.00

DOCUMENT # L03000052701					
1. Entity Name CENTRUST HOMES, LLC					
Principal Place of Business 4011 WEST FLAGLER ST, STE 404 MIAMI, FL 33134			Mailing Address 4011 WEST FLAGLER ST, STE 404 MIAMI, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 20-0481835	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VELASCO, ROLANDO 4011 WEST FLAGLER ST, STE 404 MIAMI, FL 33134				Name Rolando Velasco Street Address (P.O. Box Number is Not Acceptable) 2030 Douglas Road Suite 105 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	MGRM VELASCO, ROLANDO <input type="checkbox"/> Delete 4011 WEST FLAGLER ST, STE 404 MIAMI, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rolando Velasco <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4011 W Flagler Street Suite 404 Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J.A.R. FAMILY LIMITED PARTNERSHIP <input checked="" type="checkbox"/> Delete PO BOX 165931 MIAMI, FL 33116			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kristy Velasco <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4011 W Flagler Street Ste 404 Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miriam Velasco-Esquivel 4011 W Flagler Street Suite 404 Miami, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date Daytime Phone #	