

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053778

Entity Name: 136 HOLDINGS LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

255 ALHAMBRA CIR, STE 425
CORAL GABLES, FL 33134

New Principal Place of Business:

4000 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33146

Current Mailing Address:

255 ALHAMBRA CIR, STE 425
CORAL GABLES, FL 33134

New Mailing Address:

4000 PONCE DE LEON BLVD
SUITE 400
CORAL GABLES, FL 33146

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CONTRERAS, GILBERT A
255 ALHAMBRA CIR, STE 425
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CONTRERAS, GILBERT A
4000 PONCE DE LEON BLVD
SUITE 400
CORAL GABLES, FL 33146 US

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.

SIGNATURE:

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: 136 HOLDINGS LLC,
Address: 255 ALHAMBRA CIRCLE, SUITE 425
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: 136 HOLDINGS LLC,
Address: 4000 PONCE DE LEON BLVD., SUITE 400
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: 136 HOLDINGS LLC

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date