

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055846

Entity Name: MATIN, LLC

FILED
May 25, 2006
Secretary of State

Current Principal Place of Business:

2655 S. LE JEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2900 SW 28TH TERRACE
PENTHOUSE
MIAMI, FL 33133 US

Current Mailing Address:

2655 S. LE JEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

2900 SW 28TH TERRACE
PENTHOUSE
MIAMI, FL 33133 US

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:

WEISENFELD, JOSEPH J
2655 S. LE JEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

WEISENFELD, JOSEPH J
2900 SW 28TH TERRACE
PENTHOUSE
MIAMI, FL 33133 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:

05/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAYMON, FELIPE
Address: 2655 S. LE JEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAYMON, FELIPE
Address: 2900 SW 28TH TERRACE, PENTHOUSE
City-St-Zip: MIAMI, FL 33133 US

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: FELIPE MAYMON

MGR

05/25/2006

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