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FILED
2006 APR 24 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PK

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000003311	
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Principal Place of Business 848 BRICKELL AVE, STE 810 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVE, STE 810 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE	
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04202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0600576	<input type="checkbox"/> Applied For <input 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 CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

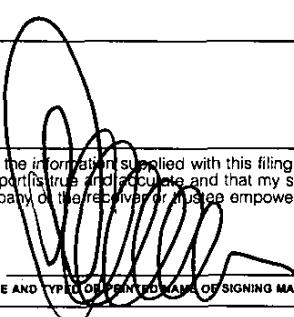
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMAR, LUIS 848 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000073452821
05/01/06--01032--014 **850.00

**DO NOT WRITE
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/06 305 3778333

Date Daytime Phone #