

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003907

1. Entity Name

SANTA FE SUBSIDIARY HOLDINGS, LLC



Principal Place of Business

**14600 SW 136TH ST
MIAMI, FL 33186**

Mailing Address

**14600 SW 136TH ST
MIAMI, FL 33186**



02072006 No Chg-LLC

CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2383340

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT
111 SOUTHWEST THIRD STREET
6TH FLOOR
MIAMI, FL 33130**

**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
**MGRM
MGC/MIL, LLC
14600 SW 136TH ST
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MRC/ASIA, LLC
14600 SW 136TH ST
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PGC, LLC
14600 SW 136TH ST
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000433535
02/24/06-80022-003 55.00

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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:

Elliott Harris
ELLIOTT HARRIS

Authorized Representative 2/9/06 (305) 358-0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED-MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #