

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004166

FILED
Apr 23, 2006
Secretary of State

Entity Name: 3BROAMIGO DEVELOPMENT ONE, LLC

Current Principal Place of Business:

46 S.W. FIRST STREET, SUITE 400
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

46 S.W. FIRST STREET, SUITE 400
MIAMI, FL 33130

New Mailing Address:

FEI Number: 20-0638912 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DIAMOND, KEITH D
46 S.W. FIRST STREET, SUITE 400
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: DIAMOND, KEITH D
Address: 46 SW FIRST ST, #400
City-St-Zip: MIAMI, FL 33313

Title: M () Delete
Name: HARRINGTON, KURT
Address: 12726 SW 94TH COURT
City-St-Zip: MIAMI, FL 33176

Title: M () Delete
Name: STOLZENBERG, GLENN
Address: 3917 OSPREY COURT
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEITH D. DIAMOND

MM

04/23/2006

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