
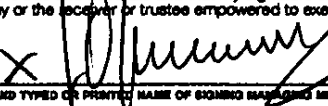


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90094 040 \*\*\*\*50.00

<b>DOCUMENT # L04000004419</b>			
1. Entity Name <b>KAROS HOLDINGS, LLC</b>			
Principal Place of Business <b>1835 MAIN ST, STE 101 WESTON, FL 33326</b>		Mailing Address <b>1835 MAIN ST, STE 101 WESTON, FL 33326</b>	
2. Principal Place of Business <b>C/O 2121 PONCE DE LEON BLVD 11th FLOOR</b>		3. Mailing Address <b>C/O 2121 PONCE DE LEON BLVD 11th FLOOR</b>	
City & State <b>CORAL GABLES, FL</b>		City & State <b>CORAL GABLES, FL</b>	
Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33134</b>	Country <b>USA</b>
4. FBI Number <b>20-0816928</b>		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 <b>KASWALDER, GUSTAVO 1895 MAIN STREET SUITE 101 WESTON, FL 33326</b>		7. Name and Address of New Registered Agent	
Name <b>11th FLOOR CORAL GABLES, FL 33134</b>		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>		City <b>FL</b>	
Zip Code		Zip Code	
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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and (S) if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASWALDER, GUSTAVO 1835 MAIN ST, STE 101 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2121 PONCE DE LEON BLVD, 11th FLOOR CORAL GABLES, FL, 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, MARIA 1835 MAIN STREET, SUITE 101 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2121 PONCE DE LEON BLVD, 11th FLOOR CORAL GABLES, FL, 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JOSE L 1835 MAIN STREET, SUITE 101 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2121 PONCE DE LEON BLVD, 11th FLOOR CORAL GABLES, FL, 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>X</b> 		Date: <b>7/31/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	