

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000007122

FILED
Aug 17, 2006
Secretary of State**Entity Name:** INDIAN CREEK HOLDINGS, LLC**Current Principal Place of Business:**6701 COLLINS AVE
MIAMI BEACH, FL 33141**New Principal Place of Business:**6701 COLLINS AVENUE
ST. JULIEN ROOM
MIAMI BEACH, FL 33141**Current Mailing Address:**C/O HOMERO MERUELO
5101 COLLINS AVE - OFFICE
MIAMI BEACH, FL 33140**New Mailing Address:**5101 COLLINS AVENUE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140**FEI Number:** 20-0656046**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAMPOS, JUAN C LEGAL C
6701 COLLINS AVENUE
ST. JULIEN ROOM
MIAMI BEACH, FL 33141 US**Name and Address of New Registered Agent:**ZARETSKY, LOUIS D.
555 N.E. 15TH STREET
SUITE 100
MIAMI, FL 33132 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: LOUIS D. ZARETSKY

08/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MR. () Delete
Name: CASTRO, ANTONIO J VP, CFO
Address: 6701 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: DEAUVILLE ASSOCIATES, , LLC
Address: 6701 COLLINS AVENUE, ST. JULIEN ROOM
City-St-Zip: MIAMI BEACH, FL 33141

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: DEAUVILLE ASSOCIATES, LLC

MGRM

08/17/2006

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