


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000011327 1. Entity Name MYR INTERNATIONAL LLC	
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Principal Place of Business 2940 LOUISE STREET MIAMI, FL 33133	Mailing Address 2940 LOUISE STREET MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



02012006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 20-0761826	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NADAL, MARTA 2940 LOUISE STREET MIAMI, FL 33133

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 NELSON, RANDALL S 2940 LOUISE STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NADAL, MARTA 2940 LOUISE STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, RAUL 2940 LOUISE STREET MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000459140 11/18/06-00019-009 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Marta Nadal* **2/1/2006 (305)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #