## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING WARAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Feb 06, 2006 08:00 AM Secretary of State

1/20/06

1. Emity Nam	MENT # L04000011870			
256 WORTH SUITE Q-R	AVE 188	Address O CENTURY PARK EAST, STE 1600 N IRWIN RENNERT ANGELES, CA 90067		
DO NOT WRITE IN				D1242008No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For NOT APPLICABLE Not Applicable  5. Certificate of Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registers NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		ed Agent		DO NOT WRITE IN THIS SPACE
the obligat	e named entity submits this statement for the purptions of registered agent.  Signature, typed or printed name of required agent and title if applications by the last statement agent and title if applications by the last statement agent and title if applications by May 1, 2008		l ed office or register d Agent algoritum /aquired	ed agent, or both, in the State of Florida. I am familiar with, and accept when reinstaling)  DATE
9. MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUFFETT, JANE 1880 CENTURY PARK, SUITE 1600 LOS ANGELES, CA 90067	-		
TIFLE NAME STREET ADDRESS CXYY-ST-ZIP		_		000000423218 02/17/06-80048-006 50.00
Tifle Name Street address City-St-Zip				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STRELI ADDRESS CHY-ST-ZIP				
11. I hereby certify that the information supplied with this filling 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 if 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.				