2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State DOCUMENT # L04000015655 01-13-2006 90038 013 ****50.00 DEL VALLE INVESTMENTS, L.L.C. 60001458 Principal Place of Business Mailing Address 2600 S DOUGLAS RD PH-6 2600 S DOUGLAS RD PH-6 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 20-0787234 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PADIAL, JOSE I DO NOT WRITE 2600 S DOUGLAS RD PH-6 CORAL GABLES, FL 33134 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) Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME CAROLINA DIAZ LAVIE, MARIA 2600 S DOUGLAS RD PH-6 STREET ADORESS CITY-ST-ZIP CORAL GABLES, FL 33134 MGRM NAME PEREZ M., AGUSTIN 2600 S DOUGLAS RD PH-6 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 13, 2006 8:00 am