2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State
04-27-2006 90019 011 ****50.00

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1. Entity Name
FGH HOLDINGS, LLC

Principal Place of Business	Mailing Address
4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146	4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146

03292006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2725163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PADRON, CARLOS E VILA, PADRON & DIAZ, PA 2 ALHAMBRA PLAZA, STE 860 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HERNANDEZ, HARVEY 4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146	☑ Delete	~~Member~~ MGR Guillermo Hanfling 4535 Ponce de Leon Blvd Coral Gables FL 33146	☐ Change	☑ Addition
		☐ Delete	~~Member~~ MGR FUAD FARACH 4535 Ponce de Leon Blvd. Coral Gables FL 33146	☐ Change	☑ Addition
		☐ Delete	MGR HARVEY HERNANDEZ 4535 Ponce de Leon Coral Gables FL 33146	☑ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ Addition
		☐ Delete		☐ Change	☐ 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: _____ 4-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #