2006 LIMITED LIABILITY COMPANY

Apr 05, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L04000016791 1. Entity Name LABÁTE HOLDINGS, LLC Principal Place of Business Mailing Address 4300 NE 23RO AVENUE 4300 NE 23RD AVENUE FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 03292006 No Chq-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0825200 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SMITH, DENNIS D ESQ. DO NOT WRITE C/O TRIPP SCOTT, P.A. 110 SE 6TH ST., 15TH FLOOR IN THIS SPACE FORT LAUDERDALE, FL 33301 the obligations of registered agent. Signature, typed or printed name of registered agent and the it applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 9 TITLE MGR LABATE, JAMES MAME STREET ADDRESS 4300 NE 23RD AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE NAME STREET ADDRESS UN0000493120 04/19/06-80091-021 50.00 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME

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 I am a managing member or manager of the limited liability company or the receiver or firstlee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

STREET ACCRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED