

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000016926</b> 1. Entity Name <b>CANTELOP HOLIDAY, LLC</b>						FILED <b>06 MAY -1 PM 2: 28</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA							
Principal Place of Business 150 ALHAMBRA CIRCLE 925 CORAL GABLES, FL 33134				Mailing Address 150 ALHAMBRA CIRCLE 925 CORAL GABLES, FL 33134									
2. Principal Place of Business		3. Mailing Address		03042006		Chg-LLC						CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>51-0499286</b>		<input type="checkbox"/> Applied For						<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required							
Zip		Country		Zip		Country							
6. Name and Address of Current Registered Agent  <b>DADE CORPORATE SERVICES, INC.</b> 2300 CORAL WAY, STE 103 MIAMI, FL 33145					7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2300 Coral Way, Ste 104800</b> City <b>MIAMI</b> State <b>FL</b> Zip Code Date <b>05/23/06</b> -- <b>01052</b> -- <b>014</b> *\$5.00								
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____													
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>							<b>Make check payable to Florida Department of State</b>						
9. MANAGING MEMBERS/MANAGERS					10. ADDITIONS/CHANGES								
TITLE	MGRM <input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	LOPEZ-CANTERA, CARLOS				NAME	<i>08/23/11</i>							
STREET ADDRESS	150 ALHAMBRA CIRCLE #925				STREET ADDRESS								
CITY-ST-ZIP	CORAL GABLES, FL 33134				CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME					NAME								
STREET ADDRESS					STREET ADDRESS								
CITY-ST-ZIP					CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME					NAME								
STREET ADDRESS					STREET ADDRESS								
CITY-ST-ZIP					CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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CITY-ST-ZIP					CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME					NAME								
STREET ADDRESS					STREET ADDRESS								
CITY-ST-ZIP					CITY-ST-ZIP								
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 <i>[Signature]</i> <b>Carlos C. Lopez-Cantera</b>					Date <b>4/25/06</b>		Daytime Phone # <b>(305) 461-0563</b>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE													