

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017991

**FILED**  
**Mar 27, 2006**  
**Secretary of State**

**Entity Name:** SOARES DA COSTA (PR), LLC

**Current Principal Place of Business:**

18001 OLD CUTLER ROAD  
560 B  
MIAMI, FL 33157

**New Principal Place of Business:**

18001 OLD CUTLER ROAD  
560  
MIAMI, FL 33157 US

**Current Mailing Address:**

18001 OLD CUTLER ROAD  
560 B  
MIAMI, FL 33157 US

**New Mailing Address:**

18001 OLD CUTLER ROAD  
560  
MIAMI, FL 33157 US

**FEI Number:** 34-1985272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BILZIN SUNBERG BAENA PRICE AND AXELROD,LLP  
200 SOUTH BISCAYNE BOULEVARD  
2500  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SDC CONSTRUCTION SER, VICES  
**Address:** 18001 OLD CUTLER ROAD, SUITE 560 B  
**City-St-Zip:** MIAMI, FL 33157 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SDC CONSTRUCTION SER, VICES  
**Address:** 18001 OLD CUTLER ROAD, SUITE 560  
**City-St-Zip:** MIAMI, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** LUIS M. FAUSTINO

CFO

03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date