2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

	AIIIOAL	KEI OKI			BULLU	iary or k	race	
DOCUMENT # L04000018683 1. Entity Name PROMETHEUS VENTURES LLC					04-20-200	06 90026 014 ***		
4130 CRAWF MIAMI, FL 3	ANIA O. DOMINGUEZ ORD AVENUE 3133	Mailing Address C/O MRS. TANIA O. DO 4130 CRAWFORD AVEN MIAMI, FL 33133)	
2. Principal P 3634 Suite, Apt.	Royal Palm Ave	3. Mailing Address 3634 Roya Suite, Apt. #, etc.	al Palm.	4ve				
Suite, Api.	#, etc.	Suite, Apt. #, etc.		04102000	Chg-LLC	CR2E083 (11/0	5)	
City & State	1-m-1	City & State, Fr.	-	4. FEI Nurr 56-24	ber 44610	⊢	Applied For Not Applicable	
Zip 3313	3 Country USA	^{Zio} 33133	Country A Z U	5. Certifica	te of Status Desired	□ \$5.00 A Fee Requ		
	6. Name and Address of Current F	Registered Agent	Name		nd Address of New			
DOMINGUEZ, TANIA O 4130 CRAWFORD AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33133			6634 Roya	al Palm.	Ave		
		· •	City	Miani	1 cani FL Zip Code 33133			
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office o	r registered agent, or l	ooth, in the State of F	lorida. I am familiar wit	h, and accept	
SIGNATURE .	Tama Domini Signature, typed or printed name of registered agent a	ngritle if applicable. (NOTE	: Registered Agent signal	ure required when reinstating)		4/10/06 DATE	·	
	lling Fee is \$50.00 ue by May 1, 2006			"	1	ke check payable to la Department of St		
9.	MANAGING MEMBEI	RS/MANAGERS	10.		ADDITIONS	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINGUEZ, TANIA O 4130 CRAWFORD AVENUE MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dominavi 3634 Roj Miami,	z, TANÍA val Palm Fr. 331.	-0 X Change A-e 3 3	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINGUEZ, CARLOS J 300 S. POINTE DR., APT. 1603 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Changi	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Changi	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🔲 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:	Tame Domin	gr	/
	TYPED OR PRINTED NAME OF SIGNING MANAGE		

CITY-ST-ZIP

4/10/06

305-442-3417

Daytime Phone #