

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019342

FILED
Jan 30, 2006
Secretary of State

Entity Name: ERNAL LLC

Current Principal Place of Business:

801 BRICKELL BAY DR
1567
MIAMI, FL 33131 US

New Principal Place of Business:

1110 BRICKELL AVENUE
SUITE 901
MIAMI, FL 33131 US

Current Mailing Address:

801 BRICKELL BAY DR
1567
MIAMI, FL 33131 US

New Mailing Address:

1110 BRICKELL AVENUE
SUITE 901
MIAMI, FL 33131 US

FEI Number: 41-2158636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YUSUPOFF, ALEJANDRO
801 BRICKELL BAY DR. #1567
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

YUSUPOFF, ALEJANDRO
1110 BRICKELL AVENUE
SUITE 901
MIAMI, FL 33131 US

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: YUSUPOFF ALEJANDRO

01/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TONN, ERNA-ASTA
Address: 801 BRICKELL BAY DR
City-St-Zip: MIAMI, FL 33131 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TONN, ERNA-ASTA
Address: 1110 BRICKELL AVENUE, #901
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM () Change (X) Addition
Name: YUSUPOFF, ALEJANDRO
Address: 1110 BRICKELL AVENUE, #901
City-St-Zip: MIAMI, FL 33131 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: ERNA-ASTA TONN

MGRM

01/30/2006

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