

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90123 001 \*\*\*550.00

**30006446**



04192006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000023415</b>	
1. Entity Name PERMONT-DOLPHIN, LLC	

Principal Place of Business 1150 NORTHWEST 72ND AVENUE SUITE 620 MIAMI, FL 33126 US	Mailing Address 1150 NORTHWEST 72ND AVENUE SUITE 620 MIAMI, FL 33126 US
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2. Principal Place of Business 13794 N.W. 4 St. Suite Apt. #, etc. Ste. 200 City & State Sunrise, FL Zip 33325 Country USA	3. Mailing Address 13794 N.W. 4 St. Suite Apt. #, etc. Ste. 200 City & State Sunrise, FL Zip 33325 Country USA
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4. FEI Number 20-0917237	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  PEREZ, JOSEPH H 1150 NORTHWEST 72ND AVENUE SUITE 620 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name Perez, Joseph H. Street Address (P.O. Box Number is Not Acceptable) 13794 NW 4 St, Ste 200 City Sunrise FL Zip Code 33325	
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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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERMONT DEVELOPMENT, LLC 1150 NW 72ND AVE, STE 620 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Permونت Development, LLC 13794 N.W. 4 St, Ste 200 Sunrise, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael T. Montero, Manager 4/26/06 954 837-0456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #