2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 20, 2006 08:00 AM DOCUMENT # L04000030430 **Secretary of State** 1. Entity Name CINTHIA ANE, LLC Principal Place of Business Mailing Address 421 GRAND CONCOURSE #113 MIAMI SHORES FL 33138 421 GRAND CONCOURSE #113 MIAMI SHORES FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FE! Number 51-0510196 Not Applicat Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, CHRISTOPHER P Street Address (P.O. Box Number is Not Acceptable) 11098 BISCAYNE BOULEVARD STE. 205 MIAMI FL 33161 City Zip Code 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE a a S FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. □ Addition ☐ Delete TULL ☐ Change TITLE MGRM NAME ANE, CINTHIA NAME U00000475088 STREET ADDRESS STREET ADDRESS 421 GRAND CONCOURSE #113 04/05/06-80001-010 50.00 MIAMI SHORES FL 33138 CITY-ST-ZIP CITY-ST-ZIP Change **□**MC TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Agenta TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY+ST-ZIP CITY-ST-ZIP ☐ Detete TITLE T)TLE Addition NAME NAME STREET ADDRESS STPEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addit --☐ Delete TITLE TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Defete ☐ Change TITLE Addition D NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ITP City-ST-ZiP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cinthia are

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