

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90229 001 ****50.00

DOCUMENT # L04000031482

1. Entity Name
THE PROTOCOL CENTRE LLC



Principal Place of Business
**2121 PONCE DE LON BLVD.
SUITE 1005
CORAL GABLES, FL 33134**

Mailing Address
**2121 PONCE DE LON BLVD., SUITE 1005
CORAL GABLES, FL 33134**

20011940



01032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1155325

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALLINAR, PEDRO M
6701 SUNSET DRIVE, #101
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WINICK, PAULINE
2121 PONCE DE LEON BLVD. SUITE 1005
CORAL GABLES, FL 33134**

Pauline Winick

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WEBB, DALE
2121 PONCE DE LEON BLVD. SUITE 1005
CORAL GABLES, FL 33134**

Dale Webb

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

X Dale Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

X Feb. 16 2006 305-4420100

Pauline Winick