2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 24, 2006 08:00 AM DOCUMENT # L04000036070 **Secretary of State** 1. Entity Name ANET ORTIZ, LLC Principal Place of Business Mailing Address 3400 S.W. 141 AVENUE MIRAMAR FL 33027 3400 S.W. 141 AVENUE MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E083 (10/05) Applied For City & State 4. FEI Number City & State 65-1236899 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ, ANET 3400 S.W. 141 AVENUE MIRAMAR FL 33027 Street Address (P.O. Box Number is Not Acceptable) City 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 mane of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Change ☐ Addesis TITLE MGR ☐ Delete NAME ORTIZ, ANET NAME STREET ADDRESS 3400 S.W. 141 AVENUE STREET ADDRESS U00000445460 CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-78 03/07/06-0004E-014-60....01 - -TITLE ☐ Delete Time MAME NAME STREET AOORESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP ☐ Change ☐ Addition THRE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-St-78 Detate ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-57-21P Delete ☐ Change □ Admir TITLE THILE NAME STREET ACCRESS STREET ADDRESS CITY - ST-21P CRY-SI-ZP ☐ Change Addition ☐ Delete 137LF $\tau(\tau)\in$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DIY-SI-ZIP

11. I hereby certify that the information supplied with this filling 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: QUANTE

786-399-50

FILED