

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000036814</b> 1. Entity Name <b>SALTA, L.L.C.</b>			
Principal Place of Business <b>5915 PONCE DE LEON BLVD., SUITE 60 CORAL GABLES, FL 33146</b>		Mailing Address <b>5915 PONCE DE LEON BLVD., SUITE 60 CORAL GABLES, FL 33146</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>BENDER, HARRY K C/O BENDER, BENDER &amp; CHANDLER, P.A. 5915 PONCE DE LEON BLVD., SUITE 60 CORAL GABLES, FL 33146</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>THOMAS, ROBERT S 5386 NW 108 WAY CORAL SPRINGS, FL 33076</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>FUGNITTO, PATRICIA 4900 N. OCEAN BLVD. FORT LAUDERDALE, FL 33308</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.		<div style="text-align: right;">           U00000445580            03/07/06-80052-011 \$0.00         </div>	
SIGNATURE: <u>Thomas Robert S</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<div style="text-align: right;"> <b>954</b>  <b>2-18-06 543-9800</b>  <small>Date Daytime Phone #</small> </div>	