2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037314

1. Entity Name
STATION EXXTRA, LLC

Principal Place of Business	Mailing Address
C/OR 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180 US	C/OR 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

02252006   Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-1140651	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEOPOLD, KORN & LEOPOLD, P.A. C/O 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180	Name _____ Street Address (P.O. Box Number is Not Acceptable) City _____ FL ___ 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 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**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	JANOWSKI, ESTANISLAO		NAME				
STREET ADDRESS	C/O 20801 BISCAYNE BOULEVARD		STREET ADDRESS				
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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.

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

04-28-06   305-8933335
Date   Daytime Phone #