


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
May 22, 2006 08:00 AM  
Secretary of State

**DOCUMENT # L04000041190**

1. Entity Name  
MURO HOLDINGS, LLC



Principal Place of Business 5308 RIVIERA DR CORAL GABLES, FL 33146	Mailing Address 5308 RIVIERA DR CORAL GABLES, FL 33146
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05162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1190131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

RODRIGUEZ, HUMBERTO L ESQ.  
999 PONCE DE LEON BLVD.  
PENTHOUSE 1135  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 6, 2006**


B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURIAS, ERNESTO L 5308 RIVIERA DR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURIAS, MARIA 5308 RIVIERA DR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, MARIA I 1650 NETHIA DRIVE MIAMI, FL 33133
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**

U00000565819  
05/22/06-80013-025 50.00

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 606, Florida Statutes.

SIGNATURE:  5/16/2006 305 773-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #