

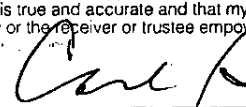


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90029 040 \*\*\*\*50.00

<b>DOCUMENT # L04000043911</b> 1. Entity Name <b>METLIN HOLDING COMPANY, LLC</b>					
Principal Place of Business <b>2393 S. CONGRESS AVENUE 2ND FLOOR WEST PALM BEACH, FL 33406 US</b>			Mailing Address <b>2393 S. CONGRESS AVENUE 2ND FLOOR WEST PALM BEACH, FL 33406 US</b>		
2. Principal Place of Business <b>6691 Nob Hill Road</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>6691 Nob Hill Road</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Tamarac, FL</b>		City & State <b>Tamarac, FL</b>		4. FEI Number <b>20-1477395</b>	
Zip <b>33321</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KARLINSKY, FRED - ESQ. 2000 W. COMMERCIAL BLVD, SUITE 232 FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name <b>Karlinsky, Fred - Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 S.E. 3rd Avenue</b> <b>23rd Floor</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33394</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEAMAN, CARL 2393 S. CONGRESS AVENUE, 2ND FLOOR WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Seaman, Carl 6691 Nob Hill Road Tamarac, FL 33321
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>CARL SEAMAN, MGR</b> <b>3-7-06</b> <b>954-623-6700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					