

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1256488

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

MARTIN, MIGUEL A
848 BRICKELL AVENUE, STE. 830
MIAMI, FL

Name Renee Adwar, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Renee Adwar, P.A.
848 Brickell Ave. Suite 830
City Miami FL Zip Code 33131

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
NAME CAVALIERI, SALVATORE ☐ Delete
STREET ADDRESS 14359 MIRAMAR PARKWAY, STE. 268
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
NAME 100075661431 ☐ Change ☐ Addition
STREET ADDRESS 06/02/06--01011--008 **200.00
CITY-ST-ZIP

TITLE MGR
NAME CAVALIERI, KATTY R ☐ Delete
STREET ADDRESS 14359 MIRAMAR PARKWAY, STE. 268
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME MCGILL, STEPHEN ☐ Delete
STREET ADDRESS 14359 MIRAMAR PARKWAY, STE. 268
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
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.

SIGNATURE:

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

Date

Daytime Phone #

Salvatore Cavalieri Salvatore Cavalieri 4/24/06 305 374 4422