2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State

| | | . KEPUKI | | | , k | secreta | uy u | <i>,</i> 100 | aic |
|---|--|---------------------------------------|---|------------------|---|---------------------------------------|--------------------------|----------------------------|------------------------------|
| DOCU 1. Entity Nam JT HUGG | | | | 05-03-2006 | 900 3 6 04 | | | | |
| Principal Place of Business 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004 Mailing Address 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004 | | | | | 1 (# 0)(0 7) #1) | | | | 14 1 Ht 1 14 (|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04132006 | Chg-LLC | CR2E08 | 83 (11/05) | |
| City & State | | City & State | | | 4. FEI Number Applied For 20-2812241 Not Applicable | | | | |
| Zip | Country | Zip | Country | | | of Status Desired | | \$5.00 Add Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | egistered A | lgent : | |
| HAUSER, TERRY V 444 BRICKELL AVENUE STE. 1000 MIAMI, FL 33131 | | | Name HA Street A 4 4 | ddress (F 4 B | R, TERR P.O. Box Numbe RICKELL | Y V er is Not Acceptable AVENUE | STE. | 700 | |
| | | | City M I | AMI | | | FL | Zip-Cad | 31 |
| 8. The above the obligat | named entity submits this statement to tions of registered agent. | or the purpose of changing its | registered office or | register | ed agent, or bot | h, in the State of Flo | orida. I am f | amiliar with, | and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered Agent signati | ure required | when reinstating) | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | | | |
| Fi D | iling Fee is \$50.00 ue by May 1, 2006 | | | | | | e check pa a Departme | ayable to ent of State | • |
| Fi D | iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE | ERS/MANAGERS | 10. | | i, | Florida | Departme | - | |
| D | ue by May 1, 2006 | XX Delete | 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | | Departme | - | Addition |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBE MGRM HUGGETT, WILLIAM 66 WEST FLAGLER STREET S | XXDelete TE. 400 | TITLE NAME STREET ADDRESS | | | Florida | Departme | ent of State | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MANAGING MEMBER MGRM HUGGETT, WILLIAM 66 WEST FLAGLER STREET S' MIAMI, FL 33130 MGRM HUGGETT, JACQUELINE 308 ALHAMBRA CIRCLE | XXDelete TE. 400 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | - | Florida | Departme | Change | Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | MANAGING MEMBER MGRM HUGGETT, WILLIAM 66 WEST FLAGLER STREET S' MIAMI, FL 33130 MGRM HUGGETT, JACQUELINE 308 ALHAMBRA CIRCLE | XXDelete TE. 400 □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | | | Florida | Departme | Change | ☐ Addition |
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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 eignature 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 of trustee empowered to exempte this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACQUELINE HUGGETT 4/13/06 (305) 371-1821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylorie Phone #