


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000047794</b> 1. Entity Name <b>MIAMI CONDOMINIUM #2, LLC</b>	
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Principal Place of Business <b>7570 N.W. 70 STREET MIAMI FL 33166</b>	Mailing Address <b>2828 CORAL WAY 300 MIAMI FL 33145</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE      CR2E083 (10/05)

6. Name and Address of Current Registered Agent  <b>MARTIN, CHRISTIAN 7570 N.W. 70 STREET MIAMI FL 33166</b>	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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4. FEI Number <b>30-0279737</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS		Delete
TITLE	MGR	<input type="checkbox"/>
NAME	MARTIN, CHRISTIAN	
STREET ADDRESS	7570 N.W. 70 STREET	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	MGR	<input type="checkbox"/>
NAME	MARTIN, KLEBER	
STREET ADDRESS	AVE. 2ND CALLE 1RA, MAPASINGUE OESTE KM 5	
CITY - ST - ZIP	VIA DAULE, GUAYAQUIL, ECUADOR	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES		Change	Addition
TITLE	U00000553255	<input type="checkbox"/>	<input type="checkbox"/>
NAME	05/17/06-80130-004 50.00		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Christian Martin* 4-20-06      305-443-969

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