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Secretary of State
08-09-2006 90094 041 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000050746

1. Entity Name
KASFE HOLDINGS, LLC

Principal Place of Business	Mailing Address
1835 MAIN STREET, SUITE 101 WESTON, FL 33326	1835 MAIN STREET, SUITE 101 WESTON, FL 33326

05052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
c/o 2121 PONCE DE LEON BLVD		c/o 2121 PONCE DE LEON BLVD	
Suite, Apt. #, etc. 11th Floor		Suite, Apt. #, etc. 11th Floor	
City & State CORAL GABLES, FL.		City & State CORAL GABLES, FL	
Zip 33134	Country U.S.A	Zip 33134	Country USA

4. FEI Number 90-0272283 ☐ 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
URQUIOLA, JOAQUIN R 2121 PONCE DE LEON BOULEVARD, SUITE 1100 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 September 8, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KASWALDER, FEDERICO 1835 MAIN STREET, SUITE 101 WESTON, FL 33326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2121 PONCE DE LEON BLVD, 11th FLOOR CORAL GABLES, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KASWALDER, ROSELIN H 1835 MAIN STREET, SUITE 101 WESTON, FL 33326 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2121 PONCE DE LEON BLVD, 11th FLOOR CORAL GABLES, FL 33134
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 7/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #