2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000051954

I. Entity Name

DALMAR ENTERPRISES, LLC



Principal Place of Business

Mailing Address

1001 BRICKELL BAY DRIVE SUITE 3104 MIAMI, FL 33131 1001 BRICKELL BAY DRIVE SUITE 3104 MIAMI, FL 33131

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90194 043 ****50.00

&UUU10J0



01182006 No Chg-LLC

CR2E083 (11/05)

4. FELL	Number
NC	T APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, HUMBERTO L 999 PONCE DE LEON BLVD. PENTHOUSE 1135 CORAL GABLES, FL 33134

-DO-NOT	WRITE
IN THIS	SPACE

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) OATE					
Fi Di	ling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGR					
NAME	MARTIN, RAFAEL A					
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 3104					
CITY-ST-ZIP	MiAMi, FL 33131			•		
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME				•		
STREET ADDRESS			חט אט	T WRITE		
CITY-ST-ZIP				TE TEST In		
TITLE			IN THIS	S SPACE		
NAME				o oi Aor		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						

11. I hereby certify that the information supplied with this filling 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 tastee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytima Phone #