

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Oct 25, 2006  
Secretary of State**

DOCUMENT# L04000054585

Entity Name: RANCHOS DEL SOL, LLC

**Current Principal Place of Business:**

21531 SW 129 CT  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

21531 SW 129 CT  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 20-1408706      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABASCAL, IGNACIO J  
1255 ALGARDI AVE  
CORAL GABLES, FL 33146      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BAYSOUND DEVELOPMENT, CORP  
Address: 1255 ALGARDI AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM      ( ) Delete  
Name: EXPERTISE INTERNATIO, NAL CORPORATIO N  
Address: 13200 SW 128TH ST, STE F-1  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      (X) Change ( ) Addition  
Name: GLOBAL INVESTORS LIM, ITED, INC.  
Address: P.O BOX 560040  
City-St-Zip: MIAMI, FL 33256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIO C. PEREZ

PMGR

10/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date