

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061757

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** PRINCETON INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

9350 S. DIXIE HIGHWAY, SUITE 1500  
MIAMI, FL 33156

**New Principal Place of Business:**

2121 PONCE DE LEON  
1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

9350 S. DIXIE HIGHWAY, SUITE 1500  
MIAMI, FL 33156

**New Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**FEI Number:** 20-1560463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEGREDO, FRANK J ESQ  
9350 S. DIXIE HIGHWAY, SUITE 1500  
MIAMI, FL 33156 US

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

CONSULTING SERVICES OF SOUTH FLORIDA  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 US

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: ANTONIO GARCIA

03/29/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CORONA, MIGUEL  
Address: 9350 S. DIXIE HIGHWAY, SUITE 1500  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CORONA, MIGUEL  
Address: 19296 SW 25 COURT  
City-St-Zip: MIRAMAR, FL 33029

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: MIGUEL CORONA

MGR

03/29/2006

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