2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING

FILED May 23, 2006 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT				Secretary of State
DOCUMENT # L04000064160				
1. Entity Nam	ne			}
DECEME	BER 8TH, L.L.C.	-		
Principal Place	ce of Business	Mailing Address		•
1506 S.W. 1	43 COURT	1506 S.W. 143 COURT	_	
MIAMR, FL 3	33184	MIAMI, FL 33184		
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DO NOT WRITE IN THIS SPACE				
				05082006 No Chg-LLC CRZE083 (11/05)
				4. FEI Number Applied For
				20-2247324 Not Applicab
}				5. Certificate of Status Desired
	6. Name and Address of Currer	it Registered Agent		1
SHAVA AT	RERTO		}	
SILVA, ALBERTO 1506 S.W. 143 COURT MIAMI, FL 33184			. {	DO NOT WRITE
			IN THIS SPACE	
}			}	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, lyped or printed name of registered age	ot and hije il empirable " /NOTE Registr	ing does stoog as an area	1 when reinstating) DATE
Signature, typed or printed name of registered agent and title if explicable " (NOTE Registered Agent signature required when reinstating) OATE				
Fi	ling Fee is \$50.00 by September 6, 2006			
Dag.	by September 6, 2006			
9.	MANAGING MEM	BERS/MANAGERS		
TITLE NAME	MGRM SILVA, ALBERTO		.[
STREET ADDRESS	1506 S.W. 143 COURT		•	000003555928 05/23/06-80005-011 5 0.00
CITY-ST-ZIP	MIAMI, FL 33184		1	05/23/05-80005-011 5 0.0 0
TITLE				
NAME SZEVET APPROVED	}		1	
STREET ADDRESS CITY-ST-ZIP	}		Ì	
TIPLE			_	
NAME				
STREET ADDRESS CITY-ST-ZIP	}		1	DO NOT WRITE
TITLE			-	
NAME	}		1	IN THIS SPACE
STREET ADDRESS	}		1	
CITY-ST-ZIP		·	_1	
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name Street address				
CITY-ST-ZIP	}		1	
TITLE			4	
NAME	}		1	
STREET ADDRESS City-St-Zip			1	
	certify that the information supplied w	ith this filing does not availfu for the	everations contains	d in Chapter 110 Florida Statutas 1 further cartify that the information
indicated	on this report is true and accurate a	nd that my signature shall have the s	ame legal effect as i	id in Chapter 119, Florida Statutes. I further cartify that the information if made under oath, that I am a managing member or manager of the apter 608, Florida Statutes.
in ratio of the	somy company or me receiver or mus	The components to the action this tebol	ALDERI	Silva Jaloues.
5/nelas				

MANAGING SEMBER, OR AUTHORIZED REPRESENTATIVE