

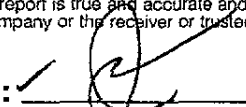


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000064860</b>		
1. Entity Name <b>PINERO-DIAZ MANAGEMENT, LLC</b>		
Principal Place of Business <b>5768 S.W. 94TH STREET PINECREST, FL 33156 US</b>	Mailing Address <b>5768 S.W. 94TH STREET PINECREST, FL 33156 US</b>	  04192006 No Chg-LLC      CR2E083 (11/05)  4. FEI Number <b>20-1644614</b> Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PINERO, JOSE R 5768 S.W. 94TH STREET PINECREST, FL 33156</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PINERO, JOSE R 5768 S.W. 94TH STREET PINECREST, FL 33156</b>	  <b>U000000551632</b> <b>05/13/06-80107-025 50.00</b>    <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.		
<b>SIGNATURE:</b>  <b>JOSE PINERO</b> <b>5-1-06</b> <b>557-9300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>		