

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000069635

**FILED**  
**Apr 24, 2006**  
**Secretary of State****Entity Name:** EJ COLLINS, LLC**Current Principal Place of Business:**1501 COLLINS AVENUE, 4TH FLOOR  
MIAMI, FL 33139 US**New Principal Place of Business:**650 WEST AVENUE  
SUITE 2906  
MIAMI BEACH, FL 33139 US**Current Mailing Address:**1501 COLLINS AVENUE, 4TH FLOOR  
MIAMI, FL 33139 US**New Mailing Address:**650 WEST AVENUE  
SUITE 2906  
MIAMI, FL 33139 US**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TRANSGLOBAL CORPORAE ADMINISTRATION, LLC  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI, FL 33131 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: MGR ( ) Delete  
Name: PUIG, JAIME  
Address: 201 S. BISCAYNE BLVD.-34TH FLOOR  
City-St-Zip: MIAMI, FL 33131 USTitle: MGRM ( ) Delete  
Name: ESTRADA, ERNESTO  
Address: 520 BRICKELL KEY DRIVE, SUITE 0-305  
City-St-Zip: MIAMI, FL 33131**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAIME PUIG

MGR

04/24/2006

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