
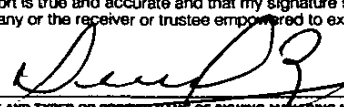


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90203 038 ****55.00

DOCUMENT # L04000071439 1. Entity Name GRAN IMAGE, LLC					
Principal Place of Business 2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134 US			Mailing Address 1521 ALTON RD STE 123 MIAMI BEACH, FL 33139 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0527769	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STEWART AGENT SERVICES 2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILLERMO, JOSE 1521 ALTON RD #123 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE HOYER, MARINA S 1521 ALTON RD #123 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STINSON, LOUIS JR 2199 PONCE DE LEON BLVD STE 301 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOYER, CARLOS 1521 ALTON RD #123 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STINSON, LOUIS JR 2199 PONCE DE LEON BLVD STE 301 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, GUILLERMO 1521 ALTON RD, #123 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE HOYER, MARINA S 1521 ALTON RD #123 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STINSON, LOUIS JR 2199 PONCE DE LEON BLVD STE 301 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOYER, CARLOS 1521 ALTON RD #123 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STINSON, LOUIS JR 2199 PONCE DE LEON BLVD STE 301 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA, GUILLERMO 1521 ALTON RD, #123 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE:  LUIS GRADD 3.10.06 3055827850					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					