
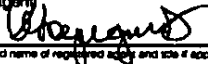
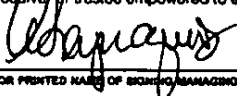


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 11, 2006 8:00 am
Secretary of State

04-10-2006 90033 013 ****50.00

DOCUMENT # L04000075592			
1. Entity Name KIZHUYAK BAY LODGE, L.L.C.			
Principal Place of Business 8230 SW 48 ST. MIAMI, FL 33155		Mailing Address 8230 SW 48 ST. MIAMI, FL 33155	
2. Principal Place of Business 8230 SW 48 ST MIAMI, FL 33155		3. Mailing Address 8230 SW 48 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155	Country US	Zip 33155	Country US
4. FEI Number APPLIED FOR		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLOLDO, GUSTAVO SR 8150 SW 163RD AVENUE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name ALEJANDRO LOYNAZ Street Address (P.O. Box Number is Not Acceptable) 8230 SW 48 ST City MIAMI FL Zip Code 33155	
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 		DATE 4/5/06	
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	MNGR VILLOLDO, GUSTAVO 8150 SW 163RD AVENUE MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEJANDRO LOYNAZ (MNGR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8230 SW 48 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		DATE 4/5/06 (305) 714-0277	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	