


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000076746**

1. Entity Name  
**MORWOOD ASSOCIATES L.L.C.**



Principal Place of Business <b>2740 WEST 5TH AVENUE          HIALEAH, FL 33010</b>	Mailing Address <b>2740 WEST 5TH AVENUE          HIALEAH, FL 33010</b>
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>13-3242927</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, JOAQUIN R  
 2740 WEST 5TH AVENUE  
 HIALEAH, FL 33010**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAI HIALEAH INC 90 MERRICK DR. 9 FLOOR EAST MEADOW, NY 11554
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 02/23/06-80073-004 50.00

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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 603, Florida Statutes.

SIGNATURE: Joaquin R Delgado      2 Feb 06      305-887-9801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #