


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

07-11-2006 90119 006 ****50.00

DOCUMENT # L04000077049 1. Entity Name MEDRANO, LLC	
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Principal Place of Business 2518 AQUA VISTA BLVD FT. LAUDERDALE, FL 33301	Mailing Address 2518 AQUA VISTA BLVD FT. LAUDERDALE, FL 33301
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07062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1953255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent MEDRANO, CHARLES 2518 AQUA VISTA BLVD FT. LAUDERDALE, FL 33301	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDRANO, CHARLES 2518 AQUA VISTA BLVD FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDRANO, CARLOS 3330 BRIDLE PATH LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/6/06 **954-583-9625**
Date Daytime Phone #