2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State
03-24-2006 90218 038 ****50.00

DOCUMENT # L04000085030

1. Entity Name
HABANA HEIGHTS, LLC

Principal Place of Business	Mailing Address
10 N.W. 42ND AVE., SUITE 400 MIAMI, FL 33126	10 N.W. 42ND AVE., SUITE 400 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
10 N.W. 42nd AVE.	10 N.W. 42nd AVE.
Suite, Apt. #, etc. SUITE 700	Suite, Apt. #, etc. SUITE 700
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33126 Country USA	Zip 33126 Country USA

03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1929429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PUIG, ENRIQUE
10 N.W. 42ND AVE., SUITE 400
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name PUIG, ENRIQUE

Street Address (P.O. Box Number is Not Acceptable)

10 N.W. 42nd AVE., SUITE 700

City MIAMI **FL** Zip Code 33126

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 _____ 3/20/2006
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 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	MGRM PUIG, ENRIQUE 10 N.W. 42ND AVE., SUITE 400 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PUIG, ENRIQUE 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MOORIZ, MIGUEL A 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MOURIZ, MIGUEL A. 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MOORIZ, REINALDO J 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MOURIZ, REINALDO J. 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 03-20-2006 (305) 8671577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #