# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000089416

**1.** Entity Name
CHALLENGER BOULEVARD, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4850 SW 72ND AVENUE<br>MIAMI, FL  33155    US | 4850 SW 72ND AVENUE<br>MIAMI, FL  33155    US |

## DO NOT WRITE IN THIS SPACE

04202006 No Chg-LLC        CR2E083 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 20-2241541 | Not Applicable |

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

**6.  Name and Address of Current Registered Agent**

CERVANTES, PATRICIO  MGR
4850 S.W. 72ND AVENUE
MIAMI, FL  33155

## 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_____

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**

**9.**                              MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | CERVANTES, PATRICIO  MGR |
| STREET ADDRESS | 4850 S.W. 72ND AVENUE |
| CITY-ST-ZIP | MIAMI, FL  33155 |
| 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 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000530455
05/05/06--80116--007 50.00

## 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 _____        1-2006        305661-1569

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