## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #1 05000002406



FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90024 023 \*\*\*\*50.00

Mailing Address 2020 N. E. 571H STREET FORT LAUDERDALE, FL 33308 US  Z. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City City & State  City & State  City & State  City & State  City & S
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.
City & State  Country  Zip  Country  S. Conflicate of Status Desired  Make check payable to Florida Department of State  Desired  Status Desired  Status Desired  Status Desired  Make Check payable to Florida Department of State  Desired  Status Desired  Make Check payable to Plorida Department of State  Desired  Status Desired  Make Check payable to Plorida Department of State  Desired  Status Desired  Status Desired  Make Check payable to Plorida Department of State  Desired  States ADDRSS
Zip Country Zip Country 5. Certificate of Status Desired
Zip Country Zip Country S. Certificate of Status Desired   \$5.00 Additional Fee Required    6. Name and Address of Current Registered Agent
Name    Street Address (P.O. Box Number is Not Acceptable)
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Filling Fee is \$50.00  Due by May 1, 2006  Phance hoded pursed name of registered agent and stef 4 acadeable.  INDIE: Hopeward Agent signature required when revisiting)  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  INDIE: NAME SIRRET ADDRESS  CITY-ST-2IP  INTE NAME SIRRET ADDRESS  CITY-ST-2IP  SIRRET ADDRESS  CIT
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code
B. 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  SIGNATURE  SIGNATURE  SIGNATURE  FILING Fee is \$50.00  Due by May 1, 2006  Make check payable to Florida Department of State  P. MANAGING MEMBERS/MANAGERS  ITILE  MAME SIREET ADDRESS CITY-S1-2IP  TITLE  MAME SIREET ADDRESS CITY-S1-2IP  Delete  TITLE  MAME SIREET ADDRESS CITY-S1-2IP  Change Addition MAME SIREET ADDRESS CITY-S1-2IP  Change Addition Addition MAME SIREET ADDRESS CITY-S1-2IP  Change Addition Addition MAME SIREET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADRESS SIRET ADDRESS SIRET ADDRES
8. The above named entity submits this statement for the purpose of changing its 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 apokcabe. (INOTE: Registered Agent signature required when reinstating)   DATE
SIGNATURE    Signature, typed or printed name of registered agent and title if appaicable. (NOTE: Registered Agent signature required when reinstationg)   DATE
Filling Fee is \$50.00 Due by May 1, 2006  Simet Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE