

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90049 042 ****50.00

DOCUMENT # L05000002539			
1. Entity Name MONTECITO KEY MARKETING LLC			
Principal Place of Business 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131		Mailing Address 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131	
2. Principal Place of Business 2601 S. BAYSHORE DR		3. Mailing Address 2601 S. BAYSHORE DR	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133		Zip 33133	
Country		Country	
<div style="display: flex; justify-content: space-between;"> 03302006 Chg-LLC CR2E083 (11/05) </div>			
4. FEI Number 20-2129805		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: <u>EDUARDO AVILA</u> Street Address (P.O. Box Number is Not Acceptable): <u>2601 S. BAYSHORE DR #200</u> City: <u>MIAMI</u> State: <u>FL</u> Zip Code: <u>33133</u>	
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: <u>[Signature]</u> <u>EDUARDO AVILA</u> DATE: <u>3/29/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR AVILA, EDUARDO 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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: <u>[Signature]</u> <u>EDUARDO AVILA</u>		Date: <u>3/29/06</u> Daytime Phone #: <u>305-857-0400</u>	