


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90057 043 ****50.00

DOCUMENT # L05000005578 1. Entity Name FEU NUVO, LLC					
Principal Place of Business 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131			Mailing Address 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131		
2. Principal Place of Business 1110 BRICKELL AVE		3. Mailing Address SAME			
Suite, Apt. #, etc. 404		Suite, Apt. #, etc. 			
City & State MIAMI FL		City & State 		4. FEI Number 43-2072550	
Zip 33131		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name FRANCISCO I. CUETO Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE #404 City MIAMI FL Zip Code 33131		
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>FRANCISCO CUETO</u> DATE _____ <small>Signature, typed or printed name of registered agent, acceptable. (NOTE: Registered Agent signature required when retaining)</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 MEMBER / MANAGING DIRECTOR <input type="checkbox"/> Delete	NAME FRANCISCO I. CUETO		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1110 BRICKELL AVE #404	CITY - ST - ZIP MIAMI, FL 33131		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE MEMBER / DIRECTOR <input type="checkbox"/> Delete	NAME AMAYA RODRIGUEZ		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1110 BRICKELL AVE #404	CITY - ST - ZIP MIAMI, FL 33131		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 	<input type="checkbox"/> Delete		NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	<input type="checkbox"/> Delete		STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP 	<input type="checkbox"/> Delete		CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>FRANCISCO CUETO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					