

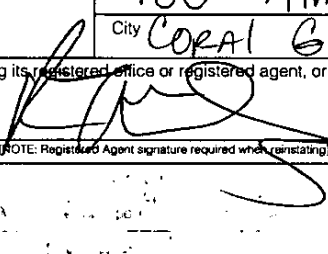


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90028 036 ****50.00

DOCUMENT # L05000007280 1. Entity Name 16300 PM, LLC					
Principal Place of Business 8105 WEST 20TH AVE HIALEAH, FL 33014 US			Mailing Address 8105 WEST 20TH AVE HIALEAH, FL 33014 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">- 43400</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 04132006 Chg-LLC CR2E083 (11/05) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent NUNEZ, RODOLFO ESQ. 3191 CORAL WAY SUITE 115 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name <u>Rodolfo Nunez</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Almeria Ave Ste 340</u> City <u>Coral Gables</u> FL Zip Code <u>33134</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>Rodolfo Nunez</u> <u>[Signature]</u> DATE _____ <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 ORTIZ, HECTOR P 8105 WEST 20TH AVE HIALEAH, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTIZ, LINDA 8105 WEST 20TH AVE HIALEAH, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date Daytime Phone #</small>	