


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90017 002 ****50.00

DOCUMENT # L05000019164
 1. Entity Name
 AGUS LLC



Principal Place of Business
 18206 COLLINS AVENUE
 SUNNY ISLES, FL 33160

Mailing Address
 18206 COLLINS AVENUE
 SUNNY ISLES, FL 33160

40000000



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 20301 W. COUNTRY CLUB DR
 Suite, Apt. #, etc. 2022

04192006 Chg-LLC CR2E083 (11/05)

City & State
 AVENTURA, FL

4. FEI Number
 20-2939159

Applied For
 Not Applicable

Zip
 33180

Country
 US

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:
 DUBROVSKY, GASTON
 18206 COLLINS AVENUE
 SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent
 Name SCHOR ELIANA
 Street Address (P.O. Box Number is Not Acceptable)
 20301 W COUNTRY CLUB DR. # 2022
 City AVENTURA FL Zip Code 33180

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]* DATE 04/18/06

Filing Fee is \$50.00
 Due by May 1, 2006

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIANA LABOVSKY, CARMEN <input type="checkbox"/> Delete 18206 COLLINS AVENUE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* LABOVSK, CARMEN DATE 04/18/06

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