

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90033 018 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                            |                                                                                                                                                                                                                                      |                                                                          |  |
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| <b>DOCUMENT # L05000021509</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                            |                                                                                                                                                                                                                                      |                                                                          |  |
| <b>1. Entity Name</b><br>ALMERIA ROW, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                            |                                                                                                                                                                                                                                      |                                                                          |  |
| <b>Principal Place of Business</b><br>801 BRICKELL AVENUE, STE 2380<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                            | <b>Mailing Address</b><br>801 BRICKELL AVENUE, STE 2380<br>MIAMI, FL 33131                                                                                                                                                           |                                                                          |  |
| <b>2. Principal Place of Business</b><br>744 BILTMORE Way Suite 2                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | <b>3. Mailing Address</b> c/o Fernando Menoyo<br>744 BILTMORE Way Suite 2. |                                                                                                                                                                                                                                      |                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | Suite, Apt. #, etc.                                                        |                                                                                                                                                                                                                                      | 01312006    Chg-LLC    CR2E083 (11/05)                                   |  |
| <b>City &amp; State</b><br>Coral Gables, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             | <b>City &amp; State</b><br>Coral Gables, FL                                |                                                                                                                                                                                                                                      | <b>4. FEI Number</b><br>38-3719345                                       |  |
| <b>Zip</b><br>33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | <b>Country</b>                                                             |                                                                                                                                                                                                                                      | <b>Applied For</b><br>Not Applicable                                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | <b>\$5.00 Additional Fee Required</b>                                      |                                                                                                                                                                                                                                      |                                                                          |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>TTK SERVICE LLC<br>801 BRICKELL AVENUE, STE 2380<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>FERNANDO MENOYO</u><br>Street Address (P.O. Box Number is Not Acceptable):<br>744 BILTMORE Way, Suite 2<br>City: <u>CORAL GABLES</u> <u>FL</u> Zip Code: <u>33134</u> |                                                                          |  |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                                                             |                                                                            |                                                                                                                                                                                                                                      |                                                                          |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                            |                                                                                                                                                                                                                                      |                                                                          |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | <b>Make check payable to Florida Department of State</b>                   |                                                                                                                                                                                                                                      |                                                                          |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                            | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                         |                                                                          |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | MGR<br>LONGO, MARI CRIS<br>801 BRICKELL AVENUE, STE 2380<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | c/o Fernando Menoyo. 744 BILTMORE Way, Suite 2<br>CORAL GABLES, FL 33134 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | MGR<br>LONGO, ADRIEL<br>801 BRICKELL AVENUE, STE 2380<br>MIAMI, FL 33131    | <input type="checkbox"/> Delete                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | c/o Fernando Menoyo. 744 BILTMORE Way, Suite 2<br>CORAL GABLES, FL 33134 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | MGR<br>MENOYO, FERNANDO<br>801 BRICKELL AVENUE, STE 2380<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | c/o Fernando Menoyo. 744 BILTMORE Way, Suite 2<br>CORAL GABLES, FL 33134 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | MGR<br>GALINDO, HERNAN<br>801 BRICKELL AVENUE, STE 2380<br>MIAMI, FL 33131  | <input type="checkbox"/> Delete                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | c/o Fernando Menoyo. 744 BILTMORE Way, Suite 2<br>CORAL GABLES, FL 33134 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                             |                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                             |                                                                            | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| <b>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.</b> |                                                                             |                                                                            |                                                                                                                                                                                                                                      |                                                                          |  |
| <b>SIGNATURE:</b> <u>FERNANDO MENOYO</u> 4/4/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                            |                                                                                                                                                                                                                                      |                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                            |                                                                                                                                                                                                                                      |                                                                          |  |