2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 24, 2006 8:00 am
Secretary of State
04-10-2006 90038 027 ****50.00

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01212006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000023368

1. Entity Name
RECEPTION ONE, LLC.

Principal Place of Business	Mailing Address
11462 SW 40 TERRACE MIAMI, FL 33165	11462 SW 40 TERRACE MIAMI, FL 33165

2. Principal Place of Business	3. Mailing Address
11462 SW 40 Terrace	11462 SW 40 Terrace
Suite, Apt. #, etc. Miami, FL	Suite, Apt. #, etc.
City & State	City & State Miami, Florida
Zip 33165 Country USA	Zip 33165 Country USA

4. FEI Number 13-4331303 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BILLY, MARTINEZ
11462 SW 40 TERRACE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable) N/A
City FL Zip Code

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 2/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 MARTINEZ, BILLY 11462 SW 40 TERRACE MIAMI, FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] 2/27/06 305-216-5932 2/27/06 305-216-5932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #