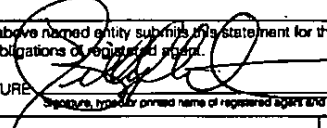
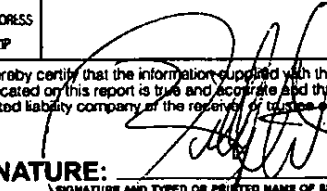


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-10-2006 90038 027 ****50.00

DOCUMENT # L05000023368 1. Entity Name RECEPTION ONE, LLC.																													
Principal Place of Business 11462 SW 40 TERRACE MIAMI, FL 33165			Mailing Address 11462 SW 40 TERRACE MIAMI, FL 33165																										
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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  DATE 2/27/06 (NOTE: Registered Agent signature required when reappointing)																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
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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:  DATE 2/27/06 305-216-5932																													

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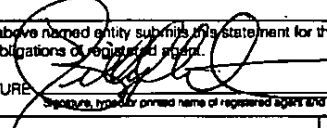
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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  DATE **2/27/06**
(NOTE: Registered Agent signature required when reappointing)

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

Make check payable to
Florida Department of State

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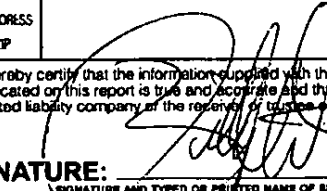
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