


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRET TALLAHASSEE, FLORIDA

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L05000026367</b>   |  |         |   |
| 1. Entity Name<br><b>JUST THE FOUR OF US, LLC</b>  |  |  |   |
| Principal Place of Business<br><b>8390 N.W. 53RD STREET, SUITE 210<br/>MIAMI, FL 33166</b>   |  | Mailing Address<br><b>8390 N.W. 53RD STREET, SUITE 210<br/>MIAMI, FL 33166</b>           |   |
| 2. Principal Place of Business   |  | 3. Mailing Address<br><b>2665 S. Bayshore Drive</b>                                      |   |
| Suite Apt # etc  |  | Suite, Apt #, etc<br><b>Suite 703</b>  |   |
| City & State   |  | City & State<br><b>Miami, FL</b>   |   |
| Zip  | Country  | Zip  | Country   |
| <b>33133</b>   | <b>USA</b>   | <b>33133</b>   | <b>USA</b>  |
| 4. FEI Number<br><b>20-2516661</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable                                   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| <b>POLANSKY, MITCHELL S ESQ.<br/>2665 SOUTH BAYSHORE DRIVE, SUITE 703<br/>MIAMI, FL 33133</b>  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>                             |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>RAMOS, FRANCISCO A<br/>8390 N.W. 53RD STREET, SUITE 210<br/>MIAMI, FL 33166</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>Ramos, Francisco A.<br/>3162 S.W. 173rd Terrace<br/>Miramar, FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>RAMOS, ANA M<br/>8390 N.W. 53RD STREET, SUITE 210<br/>MIAMI, FL 33166</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>Ramos, Ana M.<br/>3162 S.W. 173rd Terrace<br/>Miramar, FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |
| <b>Francisco A. Ramos</b>  |  | <b>4/17/06 (305) 477-9906</b>  |   |
| <b>SIGNATURE:</b> _____  |  | Date _____ Daytime Phone # _____   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  |   |