2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L05000033015

Entity Name: TUVI, L.L.C.

Current Principal Place of Business:

TURNBERRY PLAZA, STE. 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

TURNBERRY PLAZA, STE. 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SERBER, DANIEL J ESQ
TURNBERRY PLAZA, STE. 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM ( ) Change (X) Addition
Name: SMULEVICH, PABLO
Address: 19423 NE 17TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MM ( ) Change (X) Addition
Name: SMULEVICH, FERNANDO
Address: 19423 NE 17TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MM ( ) Change (X) Addition
Name: SLELATT, ISAAC
Address: 19423 NE 17TH AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PABLO SMULEVICH MM 04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date