

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037978

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** MIAMI SKY APARTMENT 3111, LLC

**Current Principal Place of Business:**

CALLE FREIXA 11-15  
BARCELONA, SPAIN 08021,

**New Principal Place of Business:**

CALLE FREIXA 11-15  
BARCELONA,, SP 08021

**Current Mailing Address:**

CALLE FREIXA 11-15  
BARCELONA, SPAIN 08021,

**New Mailing Address:**

1200 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

FEI Number: 20-3038368      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131      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: MGR      ( ) Delete  
Name: PASTOR, FABRICE  
Address: CALLE FREIXA 11-15  
City-St-Zip: BARCELONA, SPAIN 08021,

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: PASTOR, FABRICE  
Address: CALLE FREIXA 11-15  
City-St-Zip: BARCELONA,, SP 08021

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: FABRICE PASTOR

MGR

05/01/2006

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