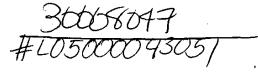
2006 LIMITED LIABILITY COMPANY

SIGNATURE: MIGHATURE AND TYPET OF PRINTED HAND OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 11, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) 4/, DOCUMENT # L05000043051 1. Entity Name 04-27-2006 90022 007 ****50.00 LUDLUM VILLAS HOLDINGS, LLC Mailing Address Principal Place of Business 6401 NW 74 AVENUE 6401 NW 74 AVENUE MIAMI FL 33166 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number City & State Applied For 20-Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEILDSTONE, RONALD 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES FL 33134 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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. are, typed as protest name or rependent operation and title it authoritie FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MANAGEL TITLE MUE ☐ Change ☐ Addition BALVADON A. JURADO NAME HALF 220 ARVIDA PWY C. GAGLES FL 133156 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-ST-ZIP MANAGEL MLE ☐ Delete TITLE ☐ Change Addition NAME HAME SALVADOR A. TURADO TR. STREET ADDRESS STREET ADDRESS 220 ARVIDA PWY CTTY-S1-21P CITY-ST-ZIP C. GABLES FU 93156 MANAGÉR Delete TITLE ☐ Change ☐ Addition THILE JOSE A. JURADO JR NAME NAME 19301 E DAKMONT DE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MIAMI, FL 33015 TITLE ☐ Delete TITLE Change ☐ Addition MAME MANAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete ☐ Addition DTLE NALSF NAME STREET ADORESS STREET ADDRESS CISY - ST - 789 CITY ST-21P ☐ Detete ☐ Change ☐ Addition TITLE ngg HAME NAME STREET, ADDRESS STREET ACCRESS CITY-ST VI 11. I hereby certify that the information supplied with this filling does not qualify for the exemindicated on this report is true and accurate and that pry signature shall have the same firmted liability company or the receiver or trustee empowered to execute this report as the same firmted liability company or the receiver or trustee empowered to execute this report as the same firmted liability company or the receiver or trustee. buons contained in Section 119, Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am a managing memb as required by Chapter 608, Florida Statutes.

FILED





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2006

LUDLUM VILLAS HOLDINGS, LLC 6401 NW 74 AVENUE MIAMI, FL 33166

Subject: LUDLUM VILLAS HOLDINGS, LLC

Reference Number:

L05000043051

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh

ANNUAL REPORTS SECTION

all corrections already male.