2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 20, 2006 8:00 am Secretary of State DOCUMENT # L05000043667 02-20-2006 90138 019 ****50.00 BEAÚTIFUL BURN, LLC. Principal Place of Business Mailing Address **630 SANTURCE AVENUE 630 SANTURCE AVENUE** MUUUUU06 MIAMI, FL 33143 US MIAMI, FL 33143 US 2. Principal Place of Business Mailing Address 8015.1 8015 Suite, Apt. #, etc. Suite, Apt. #, etc 02062006 Chg-LLC CR2E083 (11/05) SUITE L <u> 20726 _r</u> Applied For City & State City & State 4. FEI Number AZ/DA Not Applicable NAPA \$5.00 Additional 5. Certificate of Status Desired П 2009 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Age Name HANABERGH, LAWRENCE A Street Address (P.O. Box Number is Not Acceptable) 630 SANTURCE AVENUE MIAMI, FL 33143 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES A. 10 MGRM JERM TITLE ☐ Delete TITLE Change AMABEREH, LAWRENCE HANABERGH, LAWRENCE A NAME NAME 1451 South Minmi Ave- AST 2004 STREET ADDRESS **630 SANTURCE AVENUE** STREET ADDRESS MAIMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLORIDA 331 TITLE Delete TTTLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 mie Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition ☐ Channe ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE Detete TITLE Chai ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

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 companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE