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Jul 03, 2006 8:00 am
Secretary of State
04-24-2006 90070 018 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000044035

1. Entity Name

BUENAVENTURA COMMERCE CENTER, LLC

Principal Place of Business	Mailing Address
8890 WEST OAKLAND PARK BLVD., SUITE 2 SUNRISE FL 33351	8890 WEST OAKLAND PARK BLVD., SUITE 2 SUNRISE FL 33351
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 56-2518995 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, ROBERT W JR. ESQ
C/O FRAZIER, HOTTE & ASSOCIATES, P.A.
6550 NORTH FEDERAL HIGHWAY, SUITE 220
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DANIEL HOTTE, SUITE 201, 8890 W OAKLAND PK BLVD, SUNRISE FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MANAGING MEMBER ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ~~MANAGER~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Daniel Hotte 3/16/06 954-7490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #