FILED
May 01, 2006 8:00 am
Secretary of State
03-30-2006 90193 009 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000045167

1. Entity Name
BUBBLE, L.L.C.

Principal Place of Business	Mailing Address
888 SOUTHEAST THIRD AVENUE, SUITE #400 FORT LAUDERDALE, FL 33316	888 SOUTHEAST THIRD AVENUE, SUITE #400 FORT LAUDERDALE, FL 33316

03162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
One Island Place	One Island Place
Suite, Apt. #, etc. 3801 NE 207th St #603	Suite, Apt. #, etc. 3801 NE 207th St #603
City & State Aventura, FL.	City & State Aventura, FL.
Zip 33180 Country	Zip 33180 Country

4. FEI Number 20-2818794 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEHAR, LARRY J P.A. 888 SOUTHEAST THIRD AVENUE, SUITE #400 FORT LAUDERDALE, FL 33316	Name Street Address (P.O. Box Number is Not Acceptable) One Island Place 3801 NE 207th St, #603 City Aventura FL Zip Code 33180

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 ______________________________ DATE
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM Benichou Jean-Pierre 3801 NE 207 th Street FL 33180 AVENTURA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Island Place 3801 NE 207th St, #603 Aventura, FL. 33180 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT BRAMI CATY 3801 NE 207 St FL 33180 AVENTURA ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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

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

SIGNATURE: BENICHOU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #