

FILED
Apr 05, 2006 8:00 am
Secretary of State

DOCUMENT # L05000046733

Mailing Address
2370 FLAMINGO DRIVE, SUITE 201
MIAMI BEACH, FL 33140

3. Mailing Address
437 WASHINGTON AVE
Suite, Apt. #, etc.

[illegible]

03072006 Chg-LLC CR2E083 (11/05)

City & State
MIAMI BEACH : FL

Zip 33139	Country U.S.A
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4. FEI Number 03-0561138	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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS
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ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	437 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03-31-06 786-269-4940

Date _____ Daytime Phone # _____