

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90027 014 \*\*\*\*55.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L05000049472</b>  |   |  |   |  |  |
| <b>1. Entity Name</b><br>LVS NARANJA, LLC   |   |  |   |  |  |
| <b>Principal Place of Business</b><br>5709 N.W. 158TH STREET<br>MIAMI LAKES, FL 33014 US  |   |  | <b>Mailing Address</b><br>5709 N.W. 158TH STREET<br>MIAMI LAKES, FL 33014 US  |  |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |  |  |
| City & State  |   | City & State   |   |  |  |
| Zip   | Country   | Zip  | Country   | <b>4. FEI Number</b> 04032006 Chg-LLC CR2E083 (11/05)                                      |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |  |   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LEOPOLD, KORN & LEOPOLD, P.A.<br>20801 BISCAYNE BOULEVARD<br>SUITE 501<br>AVENTURA, FL 33180  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <u>Lewis Swezy</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>5709 NW 158 St</u><br>City <u>MIAMI LAKES</u> <u>FL</u> Zip Code <u>33014</u> |  |  |
| <b>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.</b>  |   |  |   |  |  |
| SIGNATURE <u>Lewis Swezy</u> <u>MGRM</u> <u>4/4/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>   |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>SWEZY, LEWIS V<br>5709 N.W. 158TH STREET<br>MIAMI LAKES, FL 33014 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| <b>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.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b>   |   |  | 4-26-06 305811 0330   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | <small>Date Daytime Phone #</small>   |  |  |