


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 021 ****50.00

DOCUMENT # L05000049767	
1. Entity Name PARABAY 4, L.L.C.	

Principal Place of Business 9737 NW 41ST STREET, #615 MIAMI, FL 33178-2924	Mailing Address 9737 NW 41ST STREET, #615 MIAMI, FL 33178-2924
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20051730



2. Principal Place of Business 10544 NW 26 St. Suite, Apt. #, etc. E 202 City & State Doral, FL Zip 33172 Country U.S.A.	3. Mailing Address 10544 NW 26 St. Suite, Apt. #, etc. E 202 City & State Doral, FL Zip 33172 Country U.S.A.
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08032006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2863632	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 NW 26TH STREET, SUITE C201 CORAL, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHEVERRIA, RICARDO 7102 NW 112 COURT DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSIO, FREDDY R 2700 SW 154TH COURT MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCATTOLINI, MAURO 10556 NW 26TH STREET, D-101 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scattolini, Mauro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10544 NW 26 St. - E202 Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN CARLOS SANCHEZ 10556 NW 26TH STREET, D-101 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sanchez, Juan Carlos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10544 NW 26 St. - E202 Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date 08/03/06 (305) 5941098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joseph F. Cabanas