


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90043 027 ****50.00

DOCUMENT # L05000050390		
1. Entity Name MERCEDES V. FERNANDEZ LORDUY, PLC		

Principal Place of Business 16635 SW 51 TERRACE MIAMI, FL 33185	Mailing Address 16635 SW 51 TERRACE MIAMI, FL 33185
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40103444



2. Principal Place of Business 14750 NW 77th Ct. Suite, Apt. #, etc. Ste 325 City & State Miami Lakes, FL Zip 33016 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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09052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2710426	Applied For <input type="checkbox"/> 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
FERNANDEZ LORDUY, MERCEDES V 16635 SW 51 TERRACE MIAMI, FL 33185

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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 <i>Mercedes V. Lorduy</i> Signature typed or printed name of registered agent and title if applicable.	DATE 9/5/06 NOTE: Registered Agent signature required when reinstating)
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**Filing Fee is \$50.00
Due by September 15, 2006**

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ LORDUY, MERCEDES V 16635 SW 51 TERRACE MIAMI, FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <i>Mercedes V. Lorduy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 9/5/06	DAYTIME PHONE #: 305-558-6462
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