


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90029 047 \*\*\*\*50.00

<b>DOCUMENT # L05000058819</b>			
1. Entity Name 9705 EAST HIBISCUS, LLC			
Principal Place of Business 10881 N.W. 29TH STREET MIAMI, FL 33172		Mailing Address 10881 N.W. 29TH STREET MIAMI, FL 33172	
2. Principal Place of Business 15321 South Dixie Hwy Suite, Apt. #, etc. Suite 312		3. Mailing Address 15321 South Dixie Hwy Suite, Apt. #, etc. Suite 312	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33157	Country	Zip 33157	Country
4. FEI Number 20-2995875		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04122006 Chg-LLC CR2E083 (11/05)	
8. Name and Address of Current Registered Agent HARRIS, ELLIOTT 111 SW 3RD STREET, 6TH FLOOR MIAMI, FL 33130		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
9. 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER RAMON MARINANGES 10881 NW 29 ST MIAMI, FL 33172 <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	MANAGING PARTNER SONIA VICENTE 7360 SW 123 TERL MIAMI, FL 33156 <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	MANAGING PARTNER ERNESTO RUIZ 30 AVE 18-32 ZONA 10 GUATEMALA CAY, GUATEMALA <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
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 606, Florida Statutes.			
SIGNATURE: <i>Ramon Marinanges</i>		Date: 4/19/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

30011005



ATTACHMENT

30611005  
-----  
#L05000058819

Check  
Cashed  
1075