
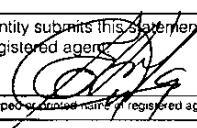


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90276 001 \*\*\*100.00

<b>DOCUMENT # L05000060229</b> 1. Entity Name <b>KRD HOLDINGS, LLC</b>					
Principal Place of Business <b>2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133</b>			Mailing Address <b>2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>USOW, EMILY M ESQ 25252 PONCE DE LEON BLVD., SUITE 400 MIAMI, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>EDUARDO AVILA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2601 S. BAYSHORE DR #200</b> City <b>MIAMI</b> FL <b>33133</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.					
SIGNATURE 		<b>EDUARDO AVILA</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>3/30/06</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR AVILA, EDUARDO 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR AVILA, CARLOS E 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: 		<b>EDUARDO AVILA</b>		Date <b>3/30/06</b> 305-857-0400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

**30005375**



03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4607780** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required