

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90030 027 \*\*\*\*50.00

<b>DOCUMENT # L05000069166</b> 1. Entity Name SPHERE INTERNATIONAL REALTY, LLC			
Principal Place of Business 2967 SW 2ND STREET MIAMI, FL 33135		Mailing Address 2967 SW 2ND STREET MIAMI, FL 33135	
2. Principal Place of Business 2200 SW 14 ST Suite, Apt. #, etc.		3. Mailing Address 2200 SW 14 ST Suite, Apt. #, etc.	
City & State MIAMI FL Zip 33145 Country USA		City & State MIAMI FL Zip 33145 Country USA	
6. Name and Address of Current Registered Agent  PORTUONDO, FERNANDO J ESQ. FERNANDO J. PORTUONDO, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <u>ERIC GARCIA</u> Street Address (P.O. Box Number is Not Acceptable) <u>2200 SW 14 ST</u> City <u>MIAMI</u> FL <u>33145</u>	
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 <u><i>Eric Garcia</i></u> DATE <u>4/17/06</u> <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 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	MGRM GARCIA, ERIC J 2967 SW 2ND STREET MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 SW 14 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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: <u><i>Eric Garcia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <u>4/17/06</u> <small>Date</small>	

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4. FEI Number 57-1226461 Applied For ☐ Not Applicable ☐

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