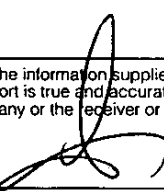


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90030 015 ****50.00

DOCUMENT # L05000073650 1. Entity Name ALBATROS HOLDINGS, LLC					
Principal Place of Business 260 CRANDON BOULEVARD THE SQUARE, NO. 8 KEY BISCAINE, FL 33149			Mailing Address 260 CRANDON BOULEVARD THE SQUARE, NO. 8 KEY BISCAINE, FL 33149		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Curtiswood Dr. 635 Suite, Apt. #, etc. 635 City & State KEY BISCAINE - FLORIDA Zip Country 33149 U.S.A			
04042006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-3214693		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ROMERO, CLARA 260 CRANDON BOULEVARD THE SQUARE, NO. 8 KEY BISCAINE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMERO, FRANCISCO 260 CRANDON BOULEVARD KEY BISCAINE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROMERO, CLARA 260 CRANDON BOULEVARD KEY BISCAINE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ 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: 		Clara Romero		4/22/06 305-7334328	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	