2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUMENT # L05000073966 1. Entity Name THE 361 GROUP, LLC						01-23-2006 9	90139 012 :	****5(0.00	
Principal Place of Business 22 CRANDON BLVD KEY BISCAYNE, FL 33149 US Mailing Address 22 CRANDON BLVD KEY BISCAYNE, FL 33149 US KEY BISCAYNE, FL 33149			3149 US				***************************************			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006	Chg-LLC	CR2E083 (11/05)			
City & State		City & State		4. FEI Numbe	er e e e e e e e e e e e e e e e e e e			plied For t Applicable		
Zip	Country Zip		Coun	try	5. Certificate	5. Certificate of Status Desired \$5.00 Additional Fee Required				
6	6. Name and Address of Current R	egistered Agent		[.	7. Name and	Address of New Re	gistered Agen	ıt		
LAW OFFICE	O OE ANDDELLO DALMA LI	D		Name						
LAW OFFICES OF ANDREU & PALMA, LLP 701 SW 27TH AVENUE STE. 1201		LP	Street Address (ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
MIAMI, FL 33	3135									
				City			FL	Zip Code	9	
	med entity submits this statement for to of registered agent.	the purpose of changing its	register	ed office or regi	istered agent, or bo	th, in the State of Flor	rida. I am famil	iar with,	and accept	
SIGNATURESignal	ature, typed or printed name of registered agent and	d little if applicable. (NOTE	: Registere	d Agent signature req	quired when reinstating)		DATE			
Filing Fee Is \$50.00 Due by May 1, 2006				l l	Make check payable to Florida Department of State					
Filing Due b	g Fee Is \$50.00 by May 1, 2006								9	
Filing Due i	g Fee Is \$50.00 by May 1, 2006 MANAGING MEMBER		10.				Department		.	
9.	MANAGING MEMBER		TITL			Florida	Department of CHANGES		Addition	
9. TITLE MG NAME EA	MANAGING MEMBER GRM ARLE, WILLIAM	S/MANAGERS	TITL	E		Florida	Department of CHANGES	of State		
9. TITLE MG NAME EA STREET ADDRESS 22	MANAGING MEMBER GRM ARLE, WILLIAM 2 CRANDON BLVD	S/MANAGERS	TITLI NAM STRE			Florida	Department of CHANGES	of State		
9. TITLE MG NAME EA STREET ADDRESS 22 CITY-ST-ZIP KE	MANAGING MEMBER GRM ARLE, WILLIAM	S/MANAGERS Delete	TITLI NAM STRE	E ET ADDRESS - ST - ZIP		Florida	Department	of State	Addition	
9. TITLE MG NAME EA STREET ADDRESS 22 CITY-ST-ZIP KE TITLE MG	MANAGING MEMBER GRM ARLE, WILLIAM 2 CRANDON BLVD EY BISCAYNE, FL 33149	S/MANAGERS	TITLI NAM STRE CITY	E ET ADDRESS -ST-ZIP		Florida	Department	of State		
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The exemptions contained in Chapter 118, 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 flability company or the receiver or fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William Earle as MGRA

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Daytime Phone #