2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required Signature	DOCUMENT # L05000074079 1. Entity Name ALCAZAR TOWER, LLC					06 APR -	7 AM 9: 29	/ n 5
Suite, Apl. #, etc. Suite, Ap	11900 BISCAYNE BLVD., #801		C/O MICHAEL SIMKINS, ESQ. One S.E. 3rd Avenue, 28th Floor			POLES BRYS BRISS PRINS BRISS B	8/11 1821 , 8121 221 17418 181	i i i i i i i i i i i i i i i i i i i
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Note Applicable Note Appli	<u> </u>		Suite #801		03222006	•	` '	
SIMKINS, LEON 11900 BISCAYNE BLVD., # 801 NORTH MIAMI, FL 33181 8. The above named entity submits its statement for the purpose of changing its registered Agent submits be obligations of registered Agent submits and 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 agent ace tien i aspicable. Amended AR is \$50.00			N. Miami FL			Not Applicable Not Applicable		
SIMMINS, LEON 11900 BISCAYNE BLVD., # 801 NORTH MIAMI, FL 33181 E. 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 figure. SIGNATURE Amonded AR Is \$50.00 Make check payable 10 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES SITERI ADDRESS CITY-ST-2IP NORTH MIAMI, FL 33181 Delete TILE NAME SITERI ADDRESS CITY-ST-2IP TILE Delete TILE OF ADDRESS CITY-ST-2IP TIL	Zip		33181				Fee Required	
Street Address (P.Q. Box Number is Not Acceptable) Street Address (P.Q. Box Number is Not Acceptable) City (N. Midwar) 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 region. SIGNATURE Syndax freed or private name of ingrittered agent and bit if applicable. IMPLIES IN MANAGING MEMBERS/MANAGERS 10. Malve check payable to Florida Department of State Amended AR is \$50.00 Make check payable to Florida Department of State 10. Malve check payable to Florida Department of State Make Check payable to Florida Department of State 11. Malve check payable to Florida Department of State 12. ADDITION/CHANGES 13. ADDITION/CHANGES 14. ADDITION/CHANGES 15. Malve check payable to Florida Department of State 16. Malve check payable to Florida Department of State 17. ADDITION/CHANGES 18. Malve check payable to Florida Department of State 19. Malve check payable to Florida Department of State 19. Malve check payable to Florida Department of State 10. Malve check payable to Florida Department of State 11. ADDITION/CHANGES 12. ADDITION/CHANGES 13. ADDITION/CHANGES 14. ADDITION/CHANGES 15. ADDITION/CHANGES 16. ADDITION/CHANGES 17. ADDITION/CHANGES 18. ADDITION/CHANGES 19.		6. Name and Address of Current	Registered Agent	Name \	1 1	,	istered Agent	
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 and to 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 and to 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the products of registered agent, or both, in the State of Florida. I am familiar with, and accept the products of registered agent with, and accept the products of registered agent, or both, in the State of Florida. Intermote	11900 BISCAYNE BLVD., # 801				Karen H. Lleva			
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