
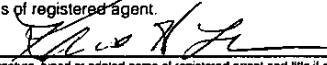
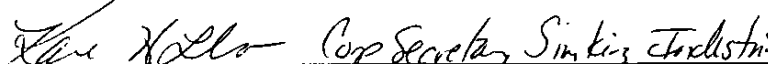


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 9:29

DOCUMENT # L05000074079			
1. Entity Name ALCAZAR TOWER, LLC			
Principal Place of Business 11900 BISCAYNE BLVD., #801 NORTH MIAMI, FL 33181		Mailing Address C/O MICHAEL SIMKINS, ESQ. ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address 11900 Biscayne Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite #801	
City & State		City & State N. Miami FL	
Zip	Country	Zip	Country
33181	USA	33181	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMKINS, LEON 11900 BISCAYNE BLVD., # 801 NORTH MIAMI, FL 33181		Name Karen H. Llera Street Address (P.O. Box Number is Not Acceptable) 11900 Biscayne Blvd #801 City N. Miami FL Zip Code 33181	
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 		DATE 3-22-06	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SIMKINS, LEON 11900 BISCAYNE BLVD., # 801 NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member/manager Simkins Industries Inc 11900 Biscayne Blvd. # 801 N. Miami, FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600070436356 04/14/06--01022--015 **50.00 <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
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
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: 		Date 3/22/06 Daytime Phone # 305-899-1191	