



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-23-2006 90260 027 ****50.00

DOCUMENT # L05000075257 1. Entity Name MARISCAL AYACUCHO UNIVERSITY, L.L.C.					
Principal Place of Business 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149			Mailing Address 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149		
2. Principal Place of Business 201 S. Biscayne Blvd., # Suite, Apt. #, etc. Suite 2809 City & State Miami, Florida		3. Mailing Address 201 S. Biscayne Blvd., Suite, Apt. #, etc. Suite 2809 City & State Miami, Florida			
Zip 33131		Country USA		03152006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3240823		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FIGUEROA, JUAN A 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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	MGRM MAZA, OCTAVIO 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	<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	MGRM MARTINEZ HIDALGO, LUIS E 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	<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	MGRM MAZA, ARISTIDES 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	<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	MGRM MAZA DUERTO, ORIANNA E 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	<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	MGRM MAZA DUERTO, ORIANNA E 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	<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	MGRM MAZA DUERTO, ORIANNA E 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	<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: <i>Orianna Maza</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				03/16/06 305-3778757 <small>Date Daytime Phone #</small>	