

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078551

FILED
Apr 27, 2006
Secretary of State

Entity Name: BIRD ROAD OFFICE, LLC

Current Principal Place of Business:

1414 NORTHWEST 107TH AVENUE, SUITE 401
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1414 NORTHWEST 107TH AVENUE, SUITE 401
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-3613994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, RENE
2 ALHAMBRA PLAZA, SUITE 860
CORAL GABLES, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUESTA, MICHAEL M
Address: 1414 NORTHWEST 107TH AVENUE, SUITE 401
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: CUESTA, WILLIAM C
Address: 1414 NORTHWEST 107TH AVENUE, SUITE 401
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: CUESTA, GEORGE L
Address: 1414 NORTHWEST 107TH AVENUE, SUITE 401
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE L. CUESTA

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04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date