## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90040 034 \*\*\*\*50.00

1. Entity Nam	10	# L05000079( ISES, LLC				U 10	, -2000 j			30.00		
Principal Plac 1100 NW 42 MIAMI, FL 3	ND AVENUE		Mailing Address 1100 NW 42ND AVENUE MIAMI, FL 33126				(*) <b>48</b> (*) <b>4</b> (() (	0307		PVIII 89151 SKIS	# N   F   M   M   M   M   M   M   M   M   M	
2. Principal Place of Business 9745 5w 725+			3. Mailing Address — SALLE -									
	206		Suite, Apt. #, etc.				02212006	Chg-	LLC	CR2E	083 (11/05	)
City & State Miam: F1			City & State				4. FEI Numb	oer 5 - 32-	92913	i	-	Applied For Not Applicable
Zip 33173 Country USA		Zip Coun		itry	5. Certificate of Status Desired				\$5.00 A	dditional red		
	6. Name	and Address of Current I	Name				7. Name an				Agent	
GRONOW 1100 NW	42ND AVE						ress (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33126	•		9745 City	ر اک	· 72.	r <del>+</del>	# 2				
							m <sub>i</sub>			FI	_	33173
8. The above the obligat SIGNATURE	tions of reals	y submits this statement for dered agent	the purpose of changing its				ed agent, or be	oth, in the !	3/2-		n familiar with	n, and accept
	iling Fee l ue by Ma										payable to ment of Sta	ite
9.	испи	MANAGING MEMBER		10.				A	DITIONS/	CHANGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	CH, DAVID 42ND AVENUE L 33126	☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESA, JO 1100 NW MIAMI, FI	42ND AVENUE	☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, S	SERIO 42ND AVENUE	Delete	TITLE NAMI STRE	<u> </u>	Para	SRM 12 Se 0 NW	rgio 42	Ave	mr	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			M.c. Pri	SAM Scaf D DO Nu	avid 42	Ane.	, Mia.	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete								☐ Change	Addition
11. I hereby of indicated fimited lia	certify that th l on this repo ability compa	e information supplied with rt is true and accurate and ny or the receiver or truster	this filing does not qualify for the my signature shall have empowered to execute this	the exer the same report as	mptions co e legal effec s required b	ntained i ct as if m by Chapt	n Chapter 119 ade under oat er 608, Florida	, Florida Si h; that I ar Statutes.	latutes. I fu n a manag	rther certi ing memb	fy that the in per or manag	formation ger of the

3/27/26

Daytime Phone #