
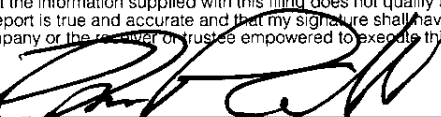


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90032 003 ****50.00

DOCUMENT # L05000080159 1. Entity Name TRUENORTH SANTILLANE, LLC					
Principal Place of Business 2000 PONCE DE LEON BOULEVARD, 6TH FLOOR CORAL GABLES, FL 33134			Mailing Address 2000 PONCE DE LEON BOULEVARD, 6TH FLOOR CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST 2ND STREET, SUITE 2900 MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MANAGERS <input type="checkbox"/> Delete THOMAS CRABR 2000 PONCE DE LEON BLVD. 6TH FLOOR CORAL GABLES, FL 33134			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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:  THOMAS CRABR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4/5/06 305 632-5991 <small>Date Daytime Phone #</small>	