2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

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1. Entity Name
CENTRUST VLP HOLDINGS, LLC

Principal Place of Business	Mailing Address
4011 WEST FLAGLER STREET, SUITE 404 MIAMI, FL 33134	4011 WEST FLAGLER STREET, SUITE 404 MIAMI, FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3390735 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VELASCO, HERIBERTO 4011 WEST FLAGLER STREET, SUITE 404 MIAMI, FL 33134	Name Rolando Velasco Street Address (P.O. Box Number is Not Acceptable) 2030 Douglas Road Suite 105 City Coral Gables FL Zip Code 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete HERIBERTO & AGUEDA VELASCO FAMILY LLLP 4011 WEST FLAGLER STREET, SUITE 404 MIAMI, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Change ☒ Addition Rolando Velasco 4011 W Flagler Street, Suite 404 Miami, Fl. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Change ☒ Addition Miriam Velasco-Esquivel 4011 W Flagler Street Suite 404 Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #