2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

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Entity Name: BAD HARE INVESTMENTS LLC

Current Principal Place of Business:

799 BRICKELL PLAZA 9TH FL
MIAMI, FL 33132

New Principal Place of Business:

799 BRICKELL PLAZA 9TH FL
MIAMI, FL 33131

Current Mailing Address:

799 BRICKELL PLAZA 9TH FL
MIAMI, FL 33132

New Mailing Address:

799 BRICKELL PLAZA 9TH FL
MIAMI, FL 33131

FEI Number: 20-3397072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HICKS, MARK
799 BRICKELL PLAZA 9TH FL
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

HICKS, MARK
799 BRICKELL PLAZA 9TH FL
MIAMI, FL 33131 US

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: MARK HICKS 04/10/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HICKS, MARK
Address: 799 BRICKELL PLAZA 9TH FL
City-St-Zip: MIAMI, FL 33132

Title: MGR ( ) Delete
Name: NORTON, ROBERT
Address: 799 BRICKELL PLAZA 9TH FL
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HICKS, MARK
Address: 799 BRICKELL PLAZA 9TH FL
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change ( ) Addition
Name: NORTON, ROBERT
Address: 799 BRICKELL PLAZA 9TH FL
City-St-Zip: MIAMI, FL 33131

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: MARK HICKS MGR 04/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date