## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90028 021 \*\*\*\*50.00

Suite 5 City & State Hollywood, FL Filling Fee is \$50.00 Due by May 1, 2006  Suite 5 City & State Hollywood, FL Filling Fee is \$50.00 Due by May 1, 2006  Suite 5 City & State Hollywood, FL Filling Fee is \$50.00 Due by May 1, 2006  Suite 5 City & State Hollywood, FL Filling Fee is \$50.00 Due by May 1, 2006  ADDITIONS/CHANGES CITY-ST-ZP  Filling Fee is \$50.00 Due by May 1, 2006  ADDITIONS/CHANGES CITY-ST-ZP  Filling Fee is \$50.00 Due by May 1, 2006  ADDITIONS/CHANGES CITY-ST-ZP  Filling MGR Kates, Steven A. 1925 Madison Street, Suite Suite 5 City Street Address (P.O. Box Number is Not Acceptable)  Filling MGR Kates, Steven A. 1925 Madison Street, Suite Hollywood, FL 33020		
Suite Apt. #, etc. Suite Suite Apt. #, etc. Suite 5 City & State Hollywood, FL Zip 33020 Country USA S. Certificate of Status Desired Name Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL City FL City FL City FL City FL Sured Address (P.O. Box Number is Not Acceptable)  City FL Sured Address (P.O. Box Number is Not Acceptable)  City FL City FL City FL Sured Address (P.O. Box Number is Not Acceptable)  City FL City FL City FL City FL City FL Sured Address (P.O. Box Number is Not Acceptable)  City FL City F	16    11 <b>4  11</b>	
Suite 5 City & State Hollywood, FL Hollywood, FL Zip 33020 Country USA Signature Address of Current Registered Agent Name  6. Name and Address of Current Registered Agent Name Name Name Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL  6. 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 father obligations of registered agent.  Signature. hyped or pristed name of registered agent and life if acceptable.  Filling Fee is \$50.00 Due by May 1, 2006  MANAGING MEMBERS/MANAGERS  INDEED  INDEED	.	
City & State Hollywood, FL Country USA Zip 33020 Country USA Zip 33020 Country USA S. Certificate of Status Desired S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name  6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name  MIAMI CENTER REGISTERED AGENTS, LLC Street Address (P.O. Box Number is Not Acceptable)  City FL  6. 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 father obligations of registered agent.  SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  Make check parforded Department Signature by May 1, 2008  MANAGING MEMBERS/MANAGERS  ITILE MAKE STREET ADDRESS CITY-ST-ZP Hollywood, FL 33020	83 (11/05)	
33020  Country USA  Country USA  Country USA  S. Certificate of Status Desired   Registered Agent  7. Name and Address of New Registered Agent  Name  MIAMI CENTER REGISTERED AGENTS, LLC 201 SOUTH BISCAYNE BOULEVARD, SUITE 1700  MIAMI, FL 33131  City  FL  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 father the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2006  MANAGING MEMBERS/MANAGERS  TITLE  NAME  STREET ADDRESS  CITY- ST- ZP  MANAGING MEMBERS/MANAGERS  TITLE  NAME  STREET ADDRESS  CITY- ST- ZP  TO STATE THE TABLESS CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  TO STATE TABLESS  TO STATE TABLESS  CITY- ST- ZP  TO STATE TABLESS  T	_ <del>                                    </del>	oplied For ot Applicable
MIAMI CENTER REGISTERED AGENTS, LLC 201 SOUTH BISCAYNE BOULEVARD, SUITE 1700 MIAMI, FL 33131  City  FL  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 fet 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  Make check pare Florida Department of the purpose of changing its registered Agent signature required when reinstating)  Make check pare Florida Department for the purpose of changing its registered Agent signature required when reinstating)  Make check pare Florida Department for the purpose of changing its registered Agent signature required when reinstating)  Make check pare Florida Department for the purpose of changing its registered Agent signature required when reinstating)  Make check pare Florida Department for the purpose of changing its registered Agent signature required when reinstating)  Make check pare Florida Department for the purpose of changing its registered Agent signature required when reinstating)  Adaptive types of the State of Florida. I am fet the obligations of registered agent, or both, in the State of Florida. I am fet the obligations of registered agent, or both, in the State of Florida. I am fet the obligations of registered agent ag	\$5.00 Add	ditional
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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 father obligations of registered agent.  SIGNATURE    Signature   Typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE	7in Cod	
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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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under bath; that I am a managing member limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	that the info	er of the
SIGNATURE: Steven A. Kates (954) 9	000 445	<b>)</b> 3