2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# L05000090760

Entity Name: RIA HOLDINGS, LLC

Current Principal Place of Business:

2222 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2222 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-4107605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, MARY LOU R
2222 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FORERO DE AUE, ILLEANA S
Address: 2222 PONCE DE LEON BLVD., PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: AUE, RICARDO A
Address: 2222 PONCE DE LEON BLVD., PENTHOUSE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FORERO DE AUE, ILEANA S
Address: 13120 SW 92ND AVENUE APT.#311
City-St-Zip: MIAMI, FL 33176

Title: MGRM (X) Change ( ) Addition
Name: AUE, RICARDO A
Address: 13120 SW 92ND AVENUE APT.#311
City-St-Zip: MIAMI, FL 33176

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: RICARDO AUE MGRM 03/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date