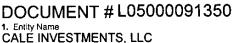
2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT





03-13-2006 90348 029 ****50.00 1. Entity Name
CALE INVESTMENTS, LLC Principal Place of Business Mailing Address C/O ARAZOZA & COMPANY, P.A. C/O ARAZOZA & COMPANY, P.A. 2100 SALZEDO STREET, SUITE 300 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State 20-3477161 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHACON, MARIA Street Address (P.O. Box Number is Not Acceptable) C/O ARAZOZA & COMPANY, P.A. 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134 City Zip Code 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 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) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Change ☐ Addition □ Delete 33 CHACON, MARIA NAME NAME 2100 SALZEDO STREET, SUITE 300 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL. 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change 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.

Z. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 13, 2006 8:00 am Secretary of State