2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90018 037 ****50.00

Principal Place of Business 6500 N.W. 74TH AVENUE MAMA, FL 33166 Sulfa, Agr. F. 66C. Sulfa,	DOCUMENT # L05000095133 1. Entity Name PRINCE ALBERT, LLC								U 3 5 3		30.00	
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Zip Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Regulared S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Name 7. Name and Name Agent 7. Na	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04122006 Chg-LLC	CR2E08	33 (11/05)			
S. Cardinace of Status Lessero Fee Required	City & State										<u></u>	
Name	Žip									ee Required		
Tot BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 City FL Zip Code 8. The above rismed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of Florida Statutes. I am lamiliar with, and accept the obligation of registered agent, or both, in the Information in managing remote or managing or the lamiliar managing remote or managing or the lamiliar managing remote or managing rem								7. Name and Address of New Re	gistered A	gent		
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 FILING Fee is \$50.00 Due by May 1, 2008 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE Debte TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET	701 BRICK	ELL AVE		RPORATION Street Add			ldress (l	P.O. Box Number is Not Acceptable)				
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