2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000096642

Entity Name: HONEYMOON LLC

Current Principal Place of Business:

855 EUCLID AVE., SUITE 306
MIAMI BEACH, FL 33139

New Principal Place of Business:

100 NORTH BISCAYNE BLVD -SUITE 500-
MIAMI, FL 33132

Current Mailing Address:

855 EUCLID AVE., SUITE 306
MIAMI BEACH, FL 33139

New Mailing Address:

100 NORTH BISCAYNE BLVD -SUITE 500-
MIAMI, FL 33132

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VOLPE, MASSIMO
855 EUCLID AVE., SUITE 306
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

VOLPE, MASSIMO
100 NORTH BISCAYNE BLVD -SUITE 500-
MIAMI, FL 33132 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: MASSIMO VOLPE 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VOLPE, MASSIMO
Address: 855 EUCLID AVE., SUITE 306
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VOLPE, MASSIMO
Address: 100 NORTH BISCAYNE BLVD -SUITE 500-
City-St-Zip: MIAMI, FL 33132

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: MASSIMO VOLPE MRGM 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date