2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Jun 08, 2006 8:00 am **Secretary of State** DOCUMENT #L05000101382 05-01-2006 90055 022 ****50.00 BIRD ROAD HOLDINGS, LLC Principal Place of Business Mailing Address 4535 PONCE DE LEON BLVD. 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06022006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 14-1941 Not Applicable Zip Country Zip Country \$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 PADRON, CARLOS E ESQ. Street Address (P.O. Box Number is Not Acceptable) 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134 Zip Code 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) DATE Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change Addition NAME HERNANDEZ, HARVEY NAME STREET ADDRESS 4535 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITEF ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 filling 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

305-740-0819

ATTACHMENT
2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

CUMENT # L05000101382

DOCUMENT # L05000101382 1. Entity Name BIRD ROAD HOLDINGS, LLC					30009859
	e of Business NE LEON BLVD. ES, FL 33146	Mailing Address 4535 PONCE DE LEON E CORAL GABLES, FL 331			
2. Principal Place of Business		3. Mailing Address			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			03092006 Chg-LLC CR2E083 (11/05)
City & State	9	City & State			4. FEI Number 14-194/9 76 Applied For Not Applicable
Ζip	Country	Zip	County		5. Certificate of Status Desired \$5.00 Additional Foe Required
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New Registered Agent
PADRON, CARLOS E ESQ. 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134 Street Address (P.O. Box Number is Not Acceptable)					
ļ	•		City		FL Zip Code
the obligations of registered agent.					ered agent, or both, in the State of Florida. I am familiar with, and accept ad when reheating) DATE Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	1 10.		ADDITIONS/CHANGES
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TITLE NAME STREET ADDRESS CITY-SE-ZP 11, I hereby o	ertify that the information supplied with	Delets this filing does not qualify for the	TITLE NAME SPEET ADDRESS CETY-ST-ZEP The exemptions of	ontained i	Change Addition I in Chapter 119, Florida Statutes, I further certify that the sylormation
11. I hereby certify that the information supplied with this filling does not quistly for the elemptions contained in Chepter 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 dusted afficiency of the receiver or dusted afficiency of the receiver or dusted afficiency of the limited liability company or the receiver or dusted afficiency of the receiver or dusted afficiency of the limited liability company or the receiver or dusted afficiency of the limited liability company or the receiver or dusted afficiency of the liability company or the receiver or dusted afficiency of the liability company or the receiver or dusted afficiency of the liability company or the receiver or dusted afficiency of the liability company or the receiver or dusted afficiency or dusted affine the limited liability company or the receiver or dusted affine the lambda affine the limited liability company or the receiver or dusted affine the limited liability company or the receiver or dusted affine the limited liability company or the receiver or dusted affine the limited liability company or the receiver or dusted affine the limited liability company or the receiver or dusted affine the limited liability company or the receiver or dusted affine the limited liability company or the receiver or dusted affine the limited liability company or the receiver or dusted affine the limited liability company or dusted liability company or d					