
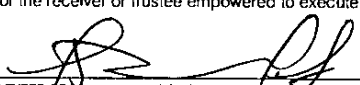


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90143 041 ****50.00

DOCUMENT # L05000101956 1. Entity Name ISA LLC																											
Principal Place of Business 2655 S. BAYSHORE DRIVE, #304 MIAMI, FL 33133		Mailing Address 2655 S. BAYSHORE DRIVE, #304 MIAMI, FL 33133																									
2. Principal Place of Business 5737 NW 114 PATH Suite, Apt. #, etc. #107 City & State Doral, FLORIDA Zip 33178 Country		3. Mailing Address 5737 NW 114 PATH Suite, Apt. #, etc. #107 City & State Doral, FL Zip 33178 Country																									
4. FEI Number 20-3663513		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent ANTELO, JEAN P 2655 S. BAYSHORE DRIVE, #304 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name: Antelo, JEAN P Street Address (P.O. Box Number is Not Acceptable) 5737 NW 114 PATH #107 City: Doral FL Zip Code: 33178																									
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:  DATE: 02/10/06 <small>(NOTE: Registered Agent signature required when re-registering)</small>																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:15%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ANTELO, JEAN P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2655 S. BAYSHORE DRIVE, #304</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33133</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	ANTELO, JEAN P		STREET ADDRESS	2655 S. BAYSHORE DRIVE, #304		CITY-ST-ZIP	MIAMI, FL 33133		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:15%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Antelo, Jean P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5737 NW 114 PATH #107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Doral, FL 33178</td> <td></td> </tr> </table>		TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Antelo, Jean P		STREET ADDRESS	5737 NW 114 PATH #107		CITY-ST-ZIP	Doral, FL 33178	
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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.																											
SIGNATURE: 		Date: 02/10/06 Daytime Phone #: 7862524554																									