

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 001 ****50.00

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03132006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000102473 1. Entity Name DRIADE MIAMI, LLC					
Principal Place of Business 1401 BRICKELL AVENUE SUITE 520 MIAMI, FL 33131 US			Mailing Address 1401 BRICKELL AVENUE SUITE 520 MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 20-3645426		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARQUETTE, DAVID 1401 BRICKELL AVENUE SUITE 520 MIAMI, FL 33131			Name Gary Carman		
			Street Address (P.O. Box Number is Not Acceptable) 1111 Brickell Avenue		
			Suite 2050		
			City Miami		FL Zip Code 33131
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 <i>Gary M. Carman</i>		DATE March 21, 2006			
(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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUETTE, DAVID ☒ Delete 1401 BRICKELL AVENUE SUITE 520 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hernandez, Gilbert A. ☐ Change ☒ Addition 16 Island Avenue, #3D Miami, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Gilbert A. Hernandez</i>			305-371-9299		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		