

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Aug 12, 2006
Secretary of State**

DOCUMENT# L05000102576

Entity Name: LOOK FORWARD PROPERTY, LLC

Current Principal Place of Business:

9764 NW 32 STREET
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

9764 NW 32 STREET
DORAL, FL 33172

New Mailing Address:

FEI Number: 20-3647827 FEI Number Applied For () 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:

GOMEZ, RAFAEL
9764 NW 32 STREET
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOMEZ, RAFAEL
Address: 9764 NW 32 STREET
City-St-Zip: DORAL, FL 33172

Title: MGRM () Delete
Name: GOMEZ, MARLENE
Address: 9764 NW 32 STREET
City-St-Zip: DORAL, FL 33172

Title: MGR () Delete
Name: CAVEDA, OLGA ALVAREZ
Address: 9764 NW 32 STREET
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARLENE M GOMEZ

MGR

08/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date