

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103213

Entity Name: 2806 NORTH EAST LLC.

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

4801 S. UNIVERSITY DR.
127
DAVIE, FL 33327 US

Current Mailing Address:

4801 S. UNIVERSITY DR.
127
DAVIE, FL 33327 US

New Principal Place of Business:

4801 S. UNIVERSITY DR.
127
DAVIE, FL 33328 US

New Mailing Address:

4801 S. UNIVERSITY DR.
127
DAVIE, FL 33328 US

FEI Number: 65-1262145 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:

CARBONELL, JULIO M
4801 S. UNIVERSITY DR.
127
DAVIE, FL 33327 US

Name and Address of New Registered Agent:

CARBONELL, JULIO M
4801 S. UNIVERSITY DR.
127
DAVIE, FL 33328 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: JULIO CARBONEL

05/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARBONELL, JULIO M
Address: 4801 S. UNIVERSITY DR. #127
City-St-Zip: DAVIE, FL 33327 US

Title: MGR () Delete
Name: ALVAREZ, JOSE A
Address: 4801 S. UNIVERSITY DR. # 127
City-St-Zip: DAVIE, FL 33327 US

Title: MGR () Delete
Name: PAN, CARLOS A
Address: 4801 S. UNIVERSITY DR. # 127
City-St-Zip: DAVIE, FL 33327 US

Title: MGR () Delete
Name: RIVERO, ALFREDO
Address: 4801 S. UNIVERSITY DR. #127
City-St-Zip: DAVIE, FL 33327 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARBONELL, JULIO M
Address: 4801 S. UNIVERSITY DR. #127
City-St-Zip: DAVIE, FL 33328 US

Title: MGR (X) Change () Addition
Name: ALVAREZ, JOSE A
Address: 4801 S. UNIVERSITY DR. # 127
City-St-Zip: DAVIE, FL 33328 US

Title: MGR (X) Change () Addition
Name: PAN, CARLOS A
Address: 4801 S. UNIVERSITY DR. # 127
City-St-Zip: DAVIE, FL 33328 US

Title: MGR (X) Change () Addition
Name: RIVERO, ALFREDO
Address: 4801 S. UNIVERSITY DR. #127
City-St-Zip: DAVIE, FL 33328 US

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: JULIO CARBONEL

MGR

05/03/2006

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