
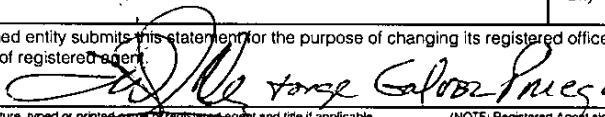
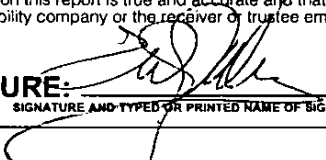


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90127 016 \*\*\*\*50.00

<b>DOCUMENT # L05000104007</b> 1. Entity Name <b>DREI ACRE, L.L.C.</b>					
Principal Place of Business <b>2655 LE JEUNE ROAD, SUITE 308 CORAL GABLES, FL 33134</b>			Mailing Address <b>13876 SW 56TH STREET #291 MIAMI, FL 33175</b>		
2. Principal Place of Business <b>2655 LE JEUNE ROAD</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 309</b>			
City & State <b>CORAL GABLES, FLORIDA</b>		City & State Suite, Apt. #, etc. <b>SUITE 309</b>		4. FEI Number <b>20-3740923</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GALVEZ-PRIEGO, JORGE ESQ. 2655 LE JEUNE ROAD, SUITE 308 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>GALVEZ-PRIEGO, JORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2655 LE JEUNE ROAD SUITE 309</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>		
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 <b>3/2/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORONDO, MAURIZIO 2655 LE JEUNE ROAD, SUITE 308 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORONZO, MAURIZIO 2655 LE JEUNE ROAD, STE 309 CORAL GABLES, FLORIDA 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANDO, ENRICO 2655 LE JEUNE ROAD, SUITE 308 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIANCARLO, ENRICO 2655 LE JEUNE ROAD, STE 309 CORAL GABLES, FLORIDA 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALVEZ-PRIEGO, JORGE 2655 LE JEUNE ROAD, SUITE 308 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALVEZ-PRIEGO, JORGE 2655 LE JEUNE ROAD, STE 309 CORAL GABLES, FLORIDA 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> 		<b>JORGE GALVEZ-PRIEGO</b>		<b>MARCH 2, 2006</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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