2006 LIMITED LIABILITY COMPANY

FILED May 25, 2006 8:00 am

Daytime Phone #

ANNUAL REPORT					Secretary of State					
DOCUI 1. Entity Nam YADA PA	MENT # L05000107	858			ν.	05-25-2006 9	•			
Principal Place 2733 S.W. 14 MIAMI, FL 33	12ND AVENU E	Mailing Address 2733 S.W. 142ND AVENU MAMI, FE-33175	HE.							
17890		3. Mailing Address	31 Cou	++						
Suite, Apt. # 3\0		\$uite, Apt. #, etc. #3101			222006	Chg-LLC	CR2E08	33 (11/05)		
Augusto		Aventura K	1		El Number	156694			plied For t Applicable	
33160-	Country	33160-5013	Country			of Status Desired		\$5.00 Add ee Required	itional J	
6. Name and Address of Current Registered Agent				7. N	ame and /	Address of New R	egistered A	gent		
COVOS, ENRIQUE H				Name						
21150 N.E. 38TH AVENUE, #2501				Street Address (P.O. Box Number is Not Acceptable)						
AVENTUR	A, FL 33180	•				-				
			City	ity FL Zip Code					3	
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										
Signature, typed or pointed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Onte										
Filing Fee is \$50.00 Due by September 6, 2006					Make check payable to Florida Department of State					
9.	MANAGING MÈMBEI	RS/MANAGERS	10.	·		ADDITIONS/	CHANGES			
TITLE	MGR RINALDI, YANINA	☐ Delete	TITLE NAME			1		Change Change	Addition	
NAME STREET ADDRESS	2733 S.W. 142ND AVENUE		STREET ADDRESS	17890	3.4	31 st Cc	ourt	# 310	۱ ۱	
CITY-ST-ZIP	MIAMI; FL 33175		CITY-ST-ZIP	Avent	Uha T	FK 33160	-50	13	,	
INTE	V COVOS, DAMIAN	☐ Delete	TITLE			_		⊠ Change	☐ Addition	
NAME STREET ADDRESS	2733 S.W. 142ND AVENUE		NAME STREET ADDRESS	JUSO	h.E	38th Au	enne	#250	10	
CITY+ST-ZIP	MAMF, FL -33175.		CITY-ST-ZIP	Aunt	ra K	4 33180				
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CITY-ST-ZIP	MIAMI, FL-33175-		CITY-ST-ZIP	Aunti	ra_ K	1 33180				
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STREET ADDRESS	-2733 3.W. 142ND AVENUE		STREET ADDRESS	21120	n·E	38th A	ىمىرىر	# 20	501	
CITY-ST-ZIP	MIAMI, FL 33175_		CITY-ST-ZIP	Avento	<u>т Н</u>	33180				
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS							
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THILE		☐ Delete	TITLE NAME					☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS							

CITY-ST-ZIP

KINDOI

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 grustife empowered to execute this report as required by Chapter 608, Florida Statutes.

Quina

SIGNATURE:

CITY-ST-ZIP