2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000109698

Entity Name: FRENCHWOOD POINTE, LLC

Current Principal Place of Business:

3400 CORAL WAY
600
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

3400 CORAL WAY
600
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-3908026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DIAZ, FRANK
3400 CORAL WAY
600
MIAMI, FL FL 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: PUIG, JUAN
Address: 3400 CORAL WAY , SUITE 600
City-St-Zip: MIAMI, FL 331453070

Title: MGR ( ) Change (X) Addition
Name: ORDONEZ, JOSE
Address: 3400 CORAL WAY, SUITE 600
City-St-Zip: MIAMI, FL 331453070

Title: MGR ( ) Change (X) Addition
Name: HUBBARD, MICHAEL
Address: 3400 CORAL WAY # 600
City-St-Zip: MIAMI, FL 331453070

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: J PUIG MGRM 05/01/2006

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