## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 23, 2006 8:00 am Secretary of State

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DOCUMENT # L05000113897				02-23-2006 90231 043 ****55.00
1. Entity Name AMALGAMATED, LLC				
Principal Place of Business Mailing Address				
9100 S. DADELAND BLVD., SUITE 504 Miami, Fl. 33156		9100 S. DADELAND BLVD., SUITE 504 MIAMI, FL 33156		
				I HABILIZH AM ARKEL BIYU BAHK BAKK BEKRU KARA KIBAL KIBAL KIBAL KIBA KANA KARAN KA IBAK
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152006 Chg-LLC CR2E083 (11/05)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country -	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
SIMON, GAI	RY P		wante	
	DELAND BLVD., SUITE 504		Street Addr	ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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 printed name of registered agent and talls if applicable. (NOTE: Registered Agent signature required when renstating)  DATE				
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MANAGER	Delete	TITLE	☐ Change ☐ Addition
NAME GENERAL ADDRESS	GHRY P. SI	701/101/11	NAME STREET ADDRESS	
STREET ADDRESS CITY+ST-ZIP	9100 D. Dade	and BKvd.	CITY-ST-ZIP	
TITLE	SVITE SOY	RIDA Detete	TITLE	☐ Change ☐ Addition
NAME	MIAMIJAL	16/	NAME	
STREET ADDRESS CITY+ST-ZIP	33	126	STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	THE	Change Addition
NAME		. La Deloie	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	·
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	;
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	3	_ Detele	NAME	_ Grounds
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		<del></del>	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.				