2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State
03-01-2006 90226 034 ****55.00

DOCUMENT # L05000114979

1. Entity Name
CENTURY RANCH, LLC

30013122

Principal Place of Business	Mailing Address
7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126

02172006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4045993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEISS SEROTA HELFMAN PASTORIZA COLE & BONI 2665 S. BAYSHORE DR., SUITE 420 MIAMI, FL 33133	Name: SERGIO PINO Street Address (P.O. Box Number is Not Acceptable): 7270 NW 12th ST SUITE 410 City: MIAMI FL Zip Code: 33126

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PINO, SERGIO 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MELO, AQUILINO 13960 NW 144 AVENUE ROAD MIAMI, FL 33186	☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	

Payment already made. It was requested that we refile w/ FEIN #. Check previously sent has cleared.

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.

SIGNATURE: _____ 2/24/06 305-599-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #