## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000117209**

1. Entity Name



**FILED** Aug 07, 2006 8:00 am Secretary of State 08-07-2006 90111 029 \*\*\*\*50.00

3302 WA	RKET TRUST, LLC								
Principal Place of Business TWO DATRAN CENTER, STE. 1510 9130 SOUTH DADELAND BLVD. MIAMI, FL 33156-7812		Mailing Address TWO DATRAN CENTER, STE. 1510 9130 SOUTH DADELAND BLVD. MIAMI, FL 33156-7812		 	))  #818; Alfy 87;7 88)   1 <b>8</b>		118 (1881 <b>48</b> 018 171	<b>ae</b> i 80 i <b>9</b> ei	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06302006	Chg-LLC	CR2E0	83 (11/05)	
City & State	e	City & State			4. FEI Numl	<sup>26</sup> 39.3334	a O	<b>→</b>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificat	e of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent				1	7. Name an	d Address of New R	egistered A	lgent	
NA R NA/ AG	ENTS INC		Name						
M & W AGENTS, INC 2101 CORPORATE BLVD., STE 107 BOCA RATON, FL 33431		,		Street Address (P.O. Box Number is Not Acceptable)					
			C	Dity			FL	Zip Code	,
	named entity submits this statement fi	for the purpose of changing its re	egistered o	office or register	ed agent, or b	oth, in the State of Flo	orida, lam f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	st and title if applicable. {NOTE:	Registered Age	ent signature required	when reinstating)		DATE		
,	**								
	ling Fee is \$50.00 by September 6, 2006						e check pa Departme	ayable to ent of State	•
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES		
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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:
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/3/06

305-670-1800

Date

Daytime Phone #