2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120027

Entity Name: M. MARROQUIN, LLC

Address:

City-St-Zip:

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11 NONESUCH PLACE 10 SW SOUTH RIVER DRIVE IRVING, TX 75061 #1607 MIAMI, FL 33130 **Current Mailing Address: New Mailing Address:** 11 NONESUCH PLACE 10 SW SOUTH RIVER DRIVE IRVING, TX 75061 #1607 MIAMI, FL 33130 FEI Number: 02-0761565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOURDES B. RIVERA, P.A 1929 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US 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: ADDITIONS/CHANGES: **PVTS** Title: (X) Change () Addition () Delete MARROQUIN, MELQUISEDEC MARROQUIN, MELQUISEDEC Name: Name: Address: 11 NONESUCH PLACE Address: 10 SW SOUTH RIVER DRIVE, #1607 City-St-Zip: IRVING, TX 75061 City-St-Zip: MIAMI, FL 33130 Title: Title: MGRM () Change (X) Addition () Delete MARROQUIN, ANNA KARINA Name: Name: Address: Address: 10 SW SOUTH RIVER DRIVE, #1607 City-St-Zip: City-St-Zip: MIAMI, FL 33130 Title: () Delete Title: MGRM () Change (X) Addition MARROQUIN, JULIA R Name: Name: 10 SW SOUTH RIVER DRIVE, #1607 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33130 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: MONROIG, VIVIANA

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.

Address:

City-St-Zip:

10 SW SOUTH RIVER DRIVE, #1607

MIAMI, FL 33130

SIGNATURE: ANNA KARINA MARROQUIN MGRM 02/23/2006