2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CATY-SI-ZIP 7177.6 MAME STREET ADDRESS CTY-ST-ZR

FILED Feb 21, 2006 08:00 AM Secretary of State DOCUMENT # L98000000961 NAZÁRI ASSOCIATES, LLC Principal Place of Business Mailing Address 3500 N. 55TH AVENUE 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 02082006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0856853 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SARAGOVIA, EFRAIM DO NOT WRITE 3500 N. 55TH AVENUE HOLLYWOOD, FL 33021 IN THIS SPACE 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 presed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when remetating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS TITLE MGRM SARAGOVIA, EFRAIM NAME STREET ADDRESS 3500 N. 55TH AVENUE 19009111442653 03/04/UF 80029-015 50.00 COLV-ST-7/P HOLLYWOOD, FL 33021 TITLE RAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZP DB F IN THIS SPACE KAME STREET ADDRESS DIY-SI-ZP MLE NAME

11. I horeby certify that the information supplied with this filling 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 each; that I am a managing member or manager of the limited liability company or the receiver or trustep-empowered to execute this report as required by Chapter 608, Florida Statutes.

16 SARAGONIA 06 SIGNATURE: SIGNATURE AND TYPES FIGHTED NAME OF S