2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000001133

1. Entity Name
COSCAN ATLANTIC I L.L.C.

Principal Place of Business	Mailing Address
5555 ANGLERS AVENUE SUITE 1A FT LAUDERDALE, FL 33312	5555 ANGLERS AVENUE SUITE 1A FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
65-0893820		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET, SUITE 2900
MIAMI, FL 33131

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
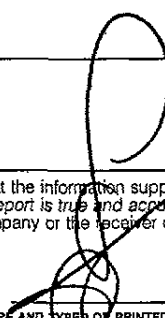
Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	COSCAN DEVELOPERS FLORIDA, L.L.C.
STREET ADDRESS	5555 ANGLERS AVENUE
CITY-ST-ZIP	FT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

IDD0000453393
03/14/06-80020-002 50.00

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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: _____   Albert C. Piazza   1/10/06   (954) 620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #