2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000009227

1. Entity Name
COSCAN FLORIDA ASSOCIATES LLC

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

DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-0974322	Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND STREET SUITE 2900
MIAMI, FL 33131

DO NOT WRITE
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 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	M
NAME	COSCAN FLORIDA HOLDINGS, LTD.
STREET ADDRESS	5555 ANGLERS AVE
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	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000453395
03/14/06-80020-004 50.00

DO NOT WRITE
IN THIS SPACE

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. Pizza _____ 1/10/06 (954) 620-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #