## ' 2006 LIMITED LIABILITY COMPANY,

## FILED Apr.26, 2006 08:00 AN Secretary of State

	ANNC	JAL REPURI	<u> </u>	Apr 20, 2006_08:0	U
1. Entity Nar	IMENT # M03000 TE AN RESIDENTIAL EQU			Secretary of Sta	
		, 220			
Principal Place 848 BRICKE PH MIAMI, FL 3		Mailing Address 848 BRICKELL AVENUE PH MIAMI, FL 33131			
		Wilnin, 12 dd 19t	N		
DO NOT WRITE IN THIS SPACE				01192006No Chg-LLC	
			ACE	4. FEI Number   Applied For 03-0522553   Not Applied	
		and the state of t		5. Certificate of Status Desired	2.0
	8. Name and Address of C	urrent Registered Agent			
DE PADUA, JACQUELYN L 848 BRICKELL AVE. PENTHOUSE MIAMI, FL 33131				DO NOT WRITE IN THIS SPACE	-
IVIIAIVII, FL	. 33131	_		IN THIS STAGE	
8. The above the obliga	e named entity submits this stater tions of registered agent.	nent for the purpose of changing its reg	distared office or register	ered agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE.	Signature, typed or printed name of registeri	ed agent and title if applicable (NOTE, Re-	gistered Agent signature required	d when reinstating) DATE	
F	iling Fee is \$50.00 lue by May 1, 2006				-
9.	MANAGING N	MEMBERS/MANAGERS	41.	I for a second dec	<u> </u>
TITLE NAME SIREEI ADDRESS	}			1100000522674	٠
CITY-ST-ZIP	MIAMI, FL 33131			000000533678 05/06/06-80134-012 50.00	
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP			<u>.</u>	DO NOT WRITE	İ
name				IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					
CITY-ST-ZIP			_		
NAME STREET ADDRESS CITY STATE					

11. I hereby 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 oath; that I am a managing member or manager of the limited liability company or the receiver or rusted employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE