


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90035 016 ****50.00

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|---------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # M04000000988 | |  |
| 1. Entity Name HYCRANES, LLC | | |

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|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business 550 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131 | Mailing Address 1700 SEAPORT BLVD., 4TH FL REDWOOD CITY, CA 94063 |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|

| | |
|----------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business 724 N.E. Second Avenue | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Miami, FL | City & State |
| Zip 33132 | Country USA |



01122006 Chg-LLC CR2E083 (11/05)

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|----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number 20-0236930 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARMSTRONG, HARVEY L 1700 SEAPORT BLVD., 4TH FLOOR REDWOOD CITY, CA 94063 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JERMOLUK, THOMAS 550 BRICKELL AVENUE, SUITE 400 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 724 N.E. Second Avenue Miami, FL 33132 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Harvey L Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/8/06
Date

650-210-5100
Daytime Phone