2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000004406

1. Entity Name CITISQUARE INVESTMENTS, LLC



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 SEP -6 AM 10: 47

Principal Place of Business

1200 BRICKELL AVE., SUITE 1800 MIAMI, FL 33131

Mailing Address

1200 BRICKELL AVE., SUITE 1800 MIAMI, FL 33131



07142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORDORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301-2525			IN THIS SPACE	
	e named entity submits this statement for the purpose of chations of registered agent.	inging its registered office or registered agent, or both, in the Sta	e of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
	ling Fee is \$50.00 by September 6, 2006 MANAGING MEMBERS/MANAGERS			
IIILE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CITISQUARE GROUP, LLC 1200 BRICKELL AVE., SUITE 1800 MIAMI, FL 33131	······································		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2000 ⁻ 09/14/06(200079823642 09/14/0601036008 **50.00	
TITLE NAME				

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #