
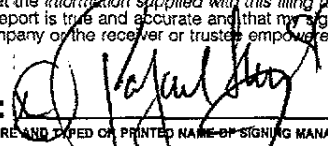


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019167		
1. Entity Name MIAMI ONE, LLC		
Principal Place of Business 10560 SW 160 CT MIAMI, FL 33196	Mailing Address 10560 SW 160 CT MIAMI, FL 33196	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196	
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		
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		

\$50



01242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
16-1620806

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1100000414165
02/11/06-80024-015 55.00

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

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

Date

Daytime Phone #

1-24-06

305-
408-963