

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078752

Entity Name: 3320 HOLDINGS, LLC

FILED
Feb 24, 2006
Secretary of State

Current Principal Place of Business:

1835 MAIN STREET, SUITE 101
WESTON, FL 33326

New Principal Place of Business:

10090 NW 10TH STREET
PLANTATION, FL 33322

Current Mailing Address:

1835 MAIN STREET, SUITE 101
WESTON, FL 33326

New Mailing Address:

10090 NW 10TH STREET
PLANTATION, FL 33322

FEI Number: 20-2650633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRAZA, OSCAR
1835 MAIN STREET, SUITE 101
WESTON, FL 33326 US

Name and Address of New Registered Agent:

LARRAZA, OSCAR
10090 NW 10TH STREET
PLANTATION, FL 33322 US

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.

SIGNATURE: _____

02/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LARRAZA, OSCAR
Address: 1835 MAIN STREET, SUITE 101
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: NELSAS, ALEX
Address: 10090 NW 10 STREET
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LARRAZA, OSCAR
Address: 10090 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OSCAR LARRAZA

MGRM

02/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date