2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011990

1. Entity Name
FAUSTO ALVAREZ, L.L.C.



FILED
May 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

2828 CORAL WAY STE 300 MIAMI, FL 33145 Mailing Address

2828 CORAL WAY STE 300

MIAMI, FL 33145



DO NOT WRITE IN THIS SPACE

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

04282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1043347

Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, FAUSTO 2828 CORAL WAY STE 300 MIAMI, FL 33145

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registured Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR ALVAREZ, FAUSTO 2828 CORAL WAY, SUITE 300 MIAMI, FL 33145		Noncorregge
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000558228 05/17/06-80088-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
HILE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
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.			

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