


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90264 004 \*\*\*\*50.00

**DOCUMENT # L02000015199**

1. Entity Name  
**PARDO INTERNATIONAL INVESTMENTS, LLC**



Principal Place of Business  
**3401 NORTH COUNTRY CLUB DR., #817  
 AVENTURA, FL 33180**

Mailing Address  
**3401 NORTH COUNTRY CLUB DR., #817  
 816  
 AVENTURA, FL 33180**

2. Principal Place of Business  
*3625 N Country Club Dr*

3. Mailing Address  
*3625 N Country Club Dr.*

Suite, Apt. #, etc.  
*#2610*

Suite, Apt. #, etc.  
*#2610*

City & State  
*AVENTURA*

City & State  
*AVENTURA*

Zip *33180* Country

Zip *33180* Country



03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**01-0722715**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRISALES-RACINI, OSCAR  
 12550 BISCAYNE BLVD.  
 SUITE 405  
 NORTH MIAMI, FL 33181**

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  DATE *3-16-06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PARDO, NORBERTO H	
STREET ADDRESS	3401 NORTH COUNTRY CLUB DR., #817	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE *3-16-06* DAYTIME PHONE # *305.932.8396*

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