


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90052 010 ****50.00

DOCUMENT # L02000016819					
1. Entity Name 535 SANTANDER, L.L.C.					
Principal Place of Business 9404 NW 13 ST., BAY 41 MIAMI, FL 33172			Mailing Address 9404 NW 13 ST., BAY 41 MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address <i>12973 SW 112 STREET</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>389</i>			
City & State		City & State <i>MIAMI FL</i>		4. FEI Number 03312006 Chg-LLC CR2E083 (11/05) 55-0788070	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<i>33186-4768</i>	<i>US</i>	<i>33186-4768</i>	<i>US</i>		
6. Name and Address of Current Registered Agent FABRE, ERNESTO A 1343 CASTILE AVENUE CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABRE, ERNESTO 9404 NW 13 STREET BAY # 41 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABRE, ERNEST 1343 CASTILE AVE CORAL GABLES FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Ernesto Fabre</i>		<i>ERNEST FABRE</i>		<i>4/20/06 305-586-0172</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		MGRM		Date Daytime Phone #	

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