


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000023695**

1. Entity Name  
**BOLTIN GROUP, LLC**



Principal Place of Business 8901 SW 129 STREET MIAMI, FL 33176	Mailing Address 8901 SW 129 STREET MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-LLC      CR2E083 (11/05)

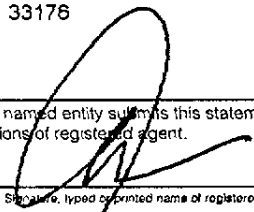
4. FEI Number 22-3871267	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONSUEGRA, ALFREDO L  
 8901 SW 129 STREET  
 MIAMI, FL 33176

**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  ALFREDO L. CONSUEGRA      1/4/06  
(NOTE: Registered Agent signature required when reinstating)      DATE

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

000000384793  
 01/17/06-80030-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONSUEGRA, ALFREDO L 8890 SW 82 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONSUEGRA, MARIA 8890 SW 82 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONSUEGRA, CAROLINA E 8890 SW 82 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  ALFREDO L. CONSUEGRA  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

1/4/06 (305)267-8815