


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**


03-03-2006 90007 049 \*\*\*\*55.00

DOCUMENT # L03000012873  
 1. Entity Name  
 114 DEL PRADO BLVD, LLC



Principal Place of Business 11890 S.W. 8TH STREET, SUITE 502 MIAMI, FL 33184	Mailing Address 11890 S.W. 8TH STREET, SUITE 502 MIAMI, FL 33184
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**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0082450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CANTENS, GASTON E  
 11890 S.W. 8TH STREET, SUITE 502  
 MIAMI, FL 33184

**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 \_\_\_\_\_ (NOTE: Registered 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	MGRM CANTENS, GASTON E 11890 S.W. 8TH STREET, SUITE 502 MIAMI, FL 33184
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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: Gaston Cantens Date: 2-22-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #