

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014007

FILED
May 01, 2006
Secretary of State

Entity Name: RALPH ECHEVERRIA, LLC

Current Principal Place of Business:

3025 NE 190 TH ST.
201
AVENTURA, FL 33180 US

New Principal Place of Business:

19555 E COUNTRY CLUB DR
102
AVENTURA, FL 33180 US

Current Mailing Address:

3025 NE 190TH ST.
201
AVENTURA, FL 33180 US

New Mailing Address:

19555 E COUNTRY CLUB DR
102
AVENTURA, FL 33180 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RALPH, ECHEVERRIA
3025 NE 190TH ST.
201
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

RALPH, ECHEVERRIA
19555 E COUNTRY CLUB DR
102
AVENTURA, FL 33180 US

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.

SIGNATURE: RALPH ECHEVERRIA

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ECHEVERRIA, RALPH
Address: 3025 NE 190TH ST. SUITE 201
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ECHEVERRIA, RALPH
Address: 19555 E COUNTRY CLUB DR STE 102
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH ECHEVERRIA

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date