


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000016086
1. Entity Name
SOTO/BLEAU FONTAINE, LLC



Principal Place of Business Mailing Address
**161 WASHINGTON AVENUE
MIAMI BEACH FL 33139** **161 WASHINGTON AVENUE
MIAMI BEACH FL 33139**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E083 (10/05)
4. FEI Number Applied For
74-3090545 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**FEUERMAN, JONATHAN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2400
MIAMI FL 33131**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete
NAME	SOTO, RAFAEL A
STREET ADDRESS	2101 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	VPT <input type="checkbox"/> Delete
NAME	SOTO, MARIA T
STREET ADDRESS	2101 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	S <input type="checkbox"/> Delete
NAME	SOTO, LOURDES
STREET ADDRESS	2101 N. BAY ROAD
CITY-ST-ZIP	MIAMI BEACH FL 33140
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000447060
03/08/06 80040-803 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Maria Teresa Soto 02/20/06 (305) 532-9074