


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1/9/2006-90051-014-\$50.00-\$50.00
2006 MAR 28 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20000101

DOCUMENT # L03000019272

1. Entity Name
11344 MEDITERRANEAN, LLC



Principal Place of Business Mailing Address
11344 NW 70TH STREET 11344 NW 70TH STREET
MIAMI, FL 33178 US MIAMI, FL 33178 US

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

01042006 Chg-LLC CR2E083 (1/105)

4. FEI Number **20-4568473** Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Dashed \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PADIAL, JOSE I
2600 S DOUGLAS RD
PHG
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 is required when registering) DATE _____

PRINTED 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 BAGLIO, CATALDO 11344 NW 70TH STREET MIAMI, FL 33178 <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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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  Cataldo Baglio 1/5/06 305-443-8010
SIGNATURE AND TYPE OR PRINTED NAME OF BOILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #