

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038113

1. Entity Name
SAN SEBASTIAN 33 LLC



Principal Place of Business
**128 MORNINGSIDE DR.
 CORAL GABLES, FL 33133**

Mailing Address
**128 MORNINGSIDE DR.
 CORAL GABLES, FL 33133**



01302006 No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2439550	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

**RIQUEZES, JULIO
 128 MORNINGSIDE DR.
 CORAL GABLES, FL 33133**

**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 _____

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

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

000000417657
 02/13/06-80059-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIQUERES, JULIO 128 MORNINGSIDE DRIVE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARIZTOY, AMAYA 126 MORNING SIDE DRIVE CORAL GABLES, FL 33133
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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:  **Julio Riqueres /MANAGER** **2/1/06** **(305) 753 5888**

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