

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90019 002 \*\*\*\*50.00

20036799



03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
72-1574648

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PADRON, CARLOS E  
VILA, PADRON & DIAZ, P.A.  
2 ALHAMBRA PLAZA, STE. 860  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME HERNANDEZ, HARVEY ☐ Delete  
STREET ADDRESS 4535 PONCE DE LEON BLVD  
CITY-ST-ZIP MIAMI, FL 33146

TITLE MGR  
NAME SILVERSTEIN, PAUL ☒ Delete  
STREET ADDRESS 4535 PONCE DE LEON BLVD  
CITY-ST-ZIP MIAMI, FL 33146

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME MADEL E. Zabala ☐ Change ☒ Addition  
STREET ADDRESS 4535 Ponce de Leon  
CITY-ST-ZIP Coral Gables FL 33155

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-06

Idy Garcia

ATTACHMENT

20036799

#L03000042728

From: PSilver152@aol.com

Sent: Monday, March 20, 2006 10:35 AM

To: Idy Garcia

Subject: Sorrento Realty LLC

Hi Idy,

It was great speaking with you today. I'm glad everything is going well for you.

I need you to remove my name from Sorrento Real Estate Group, LLC as manager. Also please confirm that I am not listed on the corporate docs for Clarte International Real Estate LLC as well.

Thanks,

Paul A. Silverstein, P.A.  
Broker-Vice President  
Commercial Division



**RE/MAX**®

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Coral Gables, Fl. 33143  
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PSilver152@aol.com  
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