2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000005709

1. Entity Name

JULIO'S NATURAL FOODS EMPORIUM, LLC



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

231 ALTARA AVENUE CORAL GABLES, FL 33146 Mailing Address

231 ALTARA AVENUE CORAL GABLES, FL 33146



04212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0752821

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CABABIE, JENNIFER 231 ALTARA AVENUE CORAL GABLES, FL 33146

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		*				
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or	registered agent, or both, in	the State of Florida. I am	familiar with, and accep	
SIGNATURE.						
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE		
F	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS		X			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABABIE, JENNIFER 231 ALTARA AVENUE CORAL GABLES, FL 33146		0:	.00000053 7 85 5/03/06-80034		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALDERRAMA, JULIO 231 ALTARA AVENUE CORAL GABLES, FL 33146				1	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

1. CABABIE, MAR

4 21 06

1947 4744

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

Date

Daytime Phone #