

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90026 015 \*\*\*\*\*55.00

<b>DOCUMENT # L04000022243</b> 1. Entity Name <b>HACIENDA SAN JOSE L.L.C.</b>					
Principal Place of Business <b>4080 S.W. 84TH AVE. SUITE D MIAMI, FL 33155</b>			Mailing Address <b>4080 S.W. 84TH AVE. SUITE D MIAMI, FL 33155</b>		
2. Principal Place of Business <b>4905 SW 74 CT</b>		3. Mailing Address <b>4905 SW 74 CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>		4. FEI Number <b>20-0898194</b>	
Zip <b>33155</b>		Country <b>USA</b>		5. Certificate of Status Desired <b>XBX</b> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FIGUEROA, CARLOS 4080 S.W. 84TH AVE SUITE D MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIGUEROA, CARLOS 4080 S.W. 84TH AVE. SUITE D MIAMI, FL 33155			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
CHANGE OF ADDRESS ONLY				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty row for additional members or changes)					
(Empty row for additional members or changes)					
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(Empty row for additional members or changes)					
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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					