

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082350

Entity Name: DON PICANTE, LTD. CO.

FILED
Jan 14, 2006
Secretary of State

Current Principal Place of Business:

8410 S.W. 98TH STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

8410 S.W. 98TH STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-1903503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, CARLOS H
8410 SW 98TH ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, CARLOS HUMBERT
Address: 8410 S.W. 98TH STREET
City-St-Zip: MIAMI, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ, CARLOS HUMBERT
Address: 8410 S.W. 98TH STREET
City-St-Zip: MIAMI, FL 33156 US

Title: MGR () Change (X) Addition
Name: FIGUEROA DE LOPEZ, KARIN C
Address: 8410 SW 98TH ST
City-St-Zip: MIAMI, FL 33156 US

Title: MGR () Change (X) Addition
Name: FIGUEROA, JULIO C
Address: 431 COSTANERO RD.
City-St-Zip: CORAL GABLES, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOS HUMBERTO LOPEZ

MGRM

01/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date