


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000089846**


1. Entity Name  
**VOLCANO, LLC.**



Principal Place of Business  
**2600 S. DOUGLAS ROAD PH-6  
 CORAL GABLES, FL 33134**

Mailing Address  
**2600 S. DOUGLAS ROAD PH-6  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-1997116</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PADIAL, JOSE I P.A.  
 2600 SOUTH DOUGLAS ROAD  
 PENTHOUSE 6  
 CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

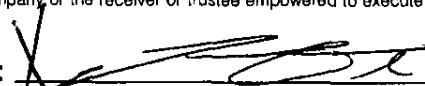
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORREBIARTE, JUAN ANDRES 2600 S. DOUGLAS ROAD PH-6 CORAL GABLES, FL 33134
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 02/15/07-80062-003 50.00

**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:**       2/6/2007      3056081011

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