

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000642

FILED  
Aug 15, 2006  
Secretary of State

Entity Name: WARTISPONK, LLC.

**Current Principal Place of Business:**

8360 WEST FLAGLER STREET  
SUITE 110  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8360 WEST FLAGLER STREET  
SUITE 110  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 43-2073088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CARTOTTO, MARK P  
100 APACHE STREET  
MIAMI SPRINGS, FL 33166      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: CARTOTTO, MARK P  
Address: 100 APACHE STREET  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: MGRM ( ) Delete  
Name: GUENECHEA, YON  
Address: 100 APACHE STREET  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: MGRM ( ) Delete  
Name: MOLDES, MOISES M  
Address: 100 APACHE STREET  
City-St-Zip: MIAMI SPRINGS, FL 33166

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARTOTTO, MARK P  
Address: 100 APACHE STREET  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: FORESTIER, CHRISTOPHE  
Address: 1300 SW 78 CT  
City-St-Zip: MIAMI, FL 33144

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: MOISES M MOLDES

MGRM

08/15/2006

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