

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024106

**FILED**  
**Sep 01, 2006**  
**Secretary of State**

**Entity Name:** CABILFRUT, LLC

**Current Principal Place of Business:**

C/O FEDERICO M MACIA  
2525 PONCE DE LEON BLVD, STE 400  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FEDERICO M MACIA  
2525 PONCE DE LEON BLVD, STE 400  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-5480996      **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:**

MACIA, FEDERICO M  
2525 PONCE DE LEON BLVD, STE 400  
CORAL GABLES, FL 33134    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: CERDA, JUAN P  
Address: 2525 PONCE DE LEON BLVD, STE 400  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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: BY E.S. DAVILA AS ATTORNEY-IN-FACT      MGR      09/01/2006

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