
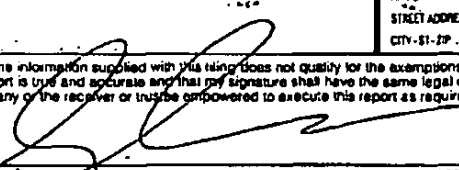


FILED
Jul 21, 2006 8:00 am
Secretary of State

06-05-2006 90339 003 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000026343					
1. Entity Name SANTA BARBARA GARDEN VILLAS, LLC					
Principal Place of Business 1401 PONCE DE LEON BLVD., STE. 401 CORAL GABLES, FL 33134			Mailing Address 1401 PONCE DE LEON BLVD., STE. 401 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2688191	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00; Additional Fee Required	
8. Name and Address of Current Registered Agent SOCORRO, ALFREDO 1401 PONCE DE LEON BLVD., STE. 401 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.</small>					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Managing member <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
	Alfredo Socorro				
	3403 NW 82 Ave Ste 105				
	Miami FL 33122 <input type="checkbox"/> Delete				
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete				
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete				
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete				
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: 				Date: 7/21/06 784-295-0877	
<small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small>				<small>Date</small>	

30012118



05222006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2688191** Applied For Not Applicable

5. Certificate of Status Desired \$5.00; Additional Fee Required

Filing Fee is \$50.00
Due by September 8, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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Signature and typed or printed name of signing managing member, manager, or authorized representative Date