


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 021 ****50.00

DOCUMENT # L05000049767

1. Entity Name
 PARABAY 4, L.L.C.



Principal Place of Business
 9737 NW 41ST STREET, #615
 MIAMI, FL 33178-2924

Mailing Address
 9737 NW 41ST STREET, #615
 MIAMI, FL 33178-2924

20051730

2. Principal Place of Business
10544 NW 26 St.

3. Mailing Address
10544 NW 26 St.

Suite, Apt. #, etc.
E 202



08032006 Chg-LLC CR2E083 (11/05)

City & State
Doral, Fl.

City & State
Doral, Fl.

Zip
33172

Country
U.S.A.

4. FEI Number
20-2863632

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CABANAS & ASSOCIATES, P.A.
 10520 NW 26TH STREET, SUITE C201
 CORAL, FL 33172

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHEVERRIA, RICARDO 7102 NW 112 COURT DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSIO, FREDDY R 2700 SW 154TH COURT MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCATTOLINI, MAURO 10556 NW 26TH STREET, D-101 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scattolini, Mauro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10544 NW 26 St. - E202 Doral, Fl. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUAN CARLOS SANCHEZ 10556 NW 26TH STREET, D-101 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sanchez, Juan Carlos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10544 NW 26 St. - E202 Doral, Fl. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 608, Florida Statutes.

SIGNATURE: _____ Date *08/03/06* Daytime Phone # *(305) 5941098*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joseph F. Cabanas