

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065651

FILED
Apr 04, 2006
Secretary of State

Entity Name: LUCIANO DUQUE & ASSOCIATES, LLC

Current Principal Place of Business:

18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180

New Principal Place of Business:

18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180

Current Mailing Address:

18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180

New Mailing Address:

18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180

FEI Number: 20-3113595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A ESQ
C/O RUTH ROUSSE KATSMAN & SCHNEIDER, LLP
18851 NE 29TH AVENUE, STE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ROTH, LEONARDO A ESQ
18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180 US

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:

04/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DUQUE, LUCIANO
Address: 18851 NE 29TH AVENUE, STE 900
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: DUQUE, ANGEL PARRA DE
Address: 18851 NE 29TH AVENUE, STE 900
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

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: LUCIANO DUQUE

MGR

04/04/2006

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