2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

	7111147								
DOCUMENT # L05000071119 1. Entity Name 100 NORTH FEDERAL HIGHWAY LLC						02-10-200	6 901 67	029 ****	50.00
Principal Place of Business Mailing Address									
2955 EAST 11TH AVENUE		2955 EAST 11TH AVENUE			0.0.0	A H 4 A	0		
HIALEAH, FL 33013 US HIALEAH, FL 33013 U			US			200	10714	b	
						ERIRI BINI BRIN ERIN REM			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Numbe	er		_ `	plied For t Applicable	
Zip Country		Zip Count		ту	5. Certificate of Status Desired Space Spa				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
I WELCHT	DI ANDIN I		ŀ	Name					
WRIGHT, BLANDIN J 121 ALHAMBRA PLAZA SUITE 1000, ALHAMBRA TOWERS				Street Address	(P.O. Box Numbe	er is Not Acceptable	9)		
	ABLES, FL 33134								
				City			FL	Zip Code	θ
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	d office or registe	ered agent, or bot	h, in the State of Flo	rida. I am f	amiliar with	and accept
35.,ga	sons or regional ago								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature require	id when reinstating)		DATE		
F	Signature, hyped or printed name of registered agent liling Fee is \$50,00 ue by May 1, 2006	and title if applicable. (NOTI	E: Registered	Apant signature require	id when reinstating)		e check p	ayable to ent of State	9
F	iling Fee is \$50.00 ue by May 1, 2006			Agent signature require	rd when reinstating)	Florida	e check partme	ent of State	8
F	iling Fee is \$50.00		E: Registered		rd when reinstating)		e check partme	ent of State	e Addition
9. ITTLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGR ALONSO, AMANCIO	RS/MANAGERS	10.		d when reinstating)	Florida	e check partme	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS	10. TITLE NAME STREE	T ADDRESS	d when reinstating)	Florida	e check partme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGR ALONSO, AMANCIO	RS/MANAGERS	10. IITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS	10. TITLE NAME STREE	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	ent of State	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS	10. ITILE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS	10. ITILE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS	10. ITTLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete	10. ITTLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete Delete	10. ITTLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete Delete	10. ITTLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	d when reinstating)	Florida	e check partme	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete Delete Delete	10. ITTLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete Delete	10. ITTLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete Delete Delete	10. ITTLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete Delete Delete	10. ITTLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME CITY-	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR ALONSO, AMANCIO 2955 EAST 11TH AVENUE	RS/MANAGERS Delete Delete Delete	10. ITTLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	d when reinstating)	Florida	e check partme	Change Change Change	Addition Addition Addition

11. I hereby certify that the information supplied with this filling 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.

3 o \$ 61.7914

CITY-ST-ZIP

CITY-ST-ZIP

AMANCIO ALONSO PRESIDENT 1/31/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #