

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104226

FILED
Mar 21, 2006
Secretary of State

Entity Name: MARGARITA REAL INVESTMENTS, LLC

Current Principal Place of Business:

151 CRANDON BOULEVARD, APT 404
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

151 CRANDON BOULEVARD, APT 404
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-4530023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
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: MGRM () Delete
Name: LEGA, MARGARITA M
Address: 151 CRANDON BOULEVARD, APT 404
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: ESCOBAR, ANDRES
Address: 151 CRANDON BOULEVARD, APT 404
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: ESCOBAR, ADRIANA
Address: 151 CRANDON BOULEVARD, APT 404
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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

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: MARGARITA LEGA

MRS.

03/21/2006

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