

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 10:08



DOCUMENT # L05000106641

1. Entity Name
REGLA DE GOLF, LLC

Principal Place of Business
2999 N.E. 191ST STREET
CONCORDE CENTRE II, PH-8
AVENTURA, FL 33180

Mailing Address
2999 N.E. 191ST STREET
CONCORDE CENTRE II, PH-8
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-LLC CR2E083 (11/05) 50.00

City & State

City & State

4. FEI Number
20-3733928

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISALES-RACINI, OSCAR
2999 N.E. 191ST STREET
CONCORDE CENTRE II, PH-8
AVENTURA, FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/06

**Filing Fee is \$50.00
Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
NAME PERCHIK, ELIAS
STREET ADDRESS 2999 N.E. 191ST STREET
CITY-ST-ZIP AVENTURA, FL 33180

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Delete
NAME SPAGNUOLO, NICOLAS R
STREET ADDRESS 2999 N.E. 191ST STREET
CITY-ST-ZIP AVENTURA, FL 33180

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

200066829652
02/28/06--01050--005 **661.25

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

2/2/06 305/792-4911

Date

Daytime Phone #