

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-13-2007 90037 012 ****50.00

DOCUMENT # L06000028738

1. Entity Name
BUCELO FAMILY MANAGEMENT COMPANY, LLC



Principal Place of Business 1401 PONCE DE LEON BLVD., SUITE 401 CORAL GABLES, FL 33134	Mailing Address 1401 PONCE DE LEON BLVD., SUITE 401 CORAL GABLES, FL 33134
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30006950



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-127080** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**NOSTRO, LOUIS
 C/O SHUTTS & BOWEN LLP
 201 S. BISCAYNE BLVD., SUITE 1600
 MIAMI, FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCELO, ARMANDO J JR. 1401 PONCE DE LEON BLVD., SUITE 401 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **4/2/2007** Daytime Phone: **305-442-1942**