

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032047

FILED
Feb 08, 2007
Secretary of State

Entity Name: START TO FINISH MANAGEMENT, L.L.C.

Current Principal Place of Business:

8858-B SW 129 TERRACE
MIAMI, FL 33176

New Principal Place of Business:

8879 SW 131 TERRACE
MIAMI, FL 33176

Current Mailing Address:

P.O. BOX 56-1081
MIAMI, FL 33256

New Mailing Address:

FEI Number: 20-4577517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZO, MARIA
8879 SW 131 STREET
MIAMI, FL 33176 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: PD () Delete
Name: POZO, ROBERT E JR.
Address: 16935 SW 84TH CT.
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: RUIZ, FRANCISCO J
Address: 8858-B SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: POZO, MARIA G
Address: 16935 SW 84TH CT.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

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

Title: VP (X) Change () Addition
Name: RUIZ, FRANCISCO J
Address: 8879 SW 131 TERRACE
City-St-Zip: MIAMI, FL 33176

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: MARIA POZO

S

02/08/2007

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