


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 02, 2008 8:00 am
Secretary of State

04-07-2008 90228 040 ***138.75


DOCUMENT # L07000063796
1. Entity Name
SANTILLO, LLC



Principal Place of Business Mailing Address
6020 PARADISE POINT DRIVE **6020 PARADISE POINT DRIVE**
MIAMI FL 33157 **MIAMI FL 33157**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

00000003

1st MOORE CR2E083 (10/07)
4. FEI Number Applied For
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES FL 33146

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------|------------------------|------------------------------|---------------------------------|--|
| | <i>MBR</i> | <i>Siegfried Steve</i> | <i>6020 Paradise Pt. Dr.</i> | | |
| | <i>MIAMI</i> | <i>Siegfried Julie</i> | <i>6020 Paradise Pt. Dr.</i> | | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mike Siegfried* *3/25/08* *305-235-3737*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

4/29/2008

To: Florida Dept of State, 30005664
#L07000063796

Enclosed ^{corrected} is 2008 Limited Liability

Company annual report. Please
be advised that Santillo, LLC is a
sole ownership.

Thank You,
Julie Leggett
305-235-3737