

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048479

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Entity Name:** PATRICK CARMO DE OLIVEIRA LLC

**Current Principal Place of Business:**

3500 BLUE LAKE DR  
C-505  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3500 BLUE LAKE DR  
C-505  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 20-1306993      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DE OLIVEIRA, PATRICK C  
3500 BLUE LAKE DR  
C-505  
POMPANO BEACH, FL 33069 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: DE OLIVEIRA, PATRICK C  
Address: 3500 BLUE LAKE DR C-505  
City-St-Zip: POMPANO BEACH, FL 33442

Title: MGRM ( ) Delete  
Name: DE OLIVEIRA, ANTONIO J  
Address: 3500 BLUE LAKE DR C-505  
City-St-Zip: POMPANO BEACH, FL 33442

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: SANTOS, PAULA  
Address: 3500 BLUE LAKE DR C-505  
City-St-Zip: POMPANO BEACH, FL 33442

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: PATRICK C DE OLIVEIRA

MGRM

01/10/2006

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