# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 06, 2006**
**Secretary of State**

DOCUMENT# L05000116019

**Entity Name:** 2330 LLC

**Current Principal Place of Business:**

815 N.W. 57 AVENUE
405
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 N.W. 57 AVENUE
405
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

ESPINOSA, PATRICIA O ESQ
815 N.W. 57 AVENUE
405
MIAMI, FL 33126 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: | ESPINOSA, PATRICIA O | |
| Address: | 815 N.W. 57 AVENUE #405 | |
| City-St-Zip: | MIAMI, FL 33126 US | |
| Title: | MGRM | ( ) Delete |
| Name: | PINO, HENRY | |
| Address: | 815 N.W. 57 AVENUE #405 | |
| City-St-Zip: | MIAMI, FL 33126 US | |
| Title: | MGRM | ( ) Delete |
| Name: | PENABAD, DINORAH R | |
| Address: | 815 N.W. 57 AVENUE #405 | |
| City-St-Zip: | MIAMI, FL 33126 US | |
| Title: | MGRM | ( ) Delete |
| Name: | PENABAD, NIVIO J | |
| Address: | 815 N.W. 57 AVENUE #405 | |
| City-St-Zip: | MIAMI, FL 33126 US | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: PATRICIA O ESPINOSA MGRM 02/06/2006

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