2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000024064

1. Entity Name
DECMARA, LLC

Principal Place of Business	Mailing Address
370 MINORCA AVENUE 1 CORAL GABLES, FL 33134	370 MINORCA AVENUE 1 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

02202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1282875
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CATARINEAU, JOE A ESQ
7780 SOUTHWEST 117 AVENUE
SUITE 201
MIAMI, FL 33183

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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 the date of signature (NOTE: Registered Agent's signature required when changing)

H06000045555
03/16/06-80010-018 50.00

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DE CICCO, SANDRA P
STREET ADDRESS	370 MINORCA AVENUE, SUITE 1
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	MARAFIOTI, ROSANA
STREET ADDRESS	370 MINORCA AVENUE, SUITE 1
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: _____ February 27th 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #