

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011140 1. Entity Name SANTA LUCIA MANAGEMENT, L.L.C.	
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Principal Place of Business 5901 S.W. 74TH STREET STE. 400 SOUTH MIAMI, FL 33143	Mailing Address 5901 S.W. 74TH STREET STE. 400 SOUTH MIAMI, FL 33143
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01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2295034	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOLANS, JAMES A 5901 S.W. 74TH STREET STE. 400 SOUTH MIAMI, FL 33143
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**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reissuing)

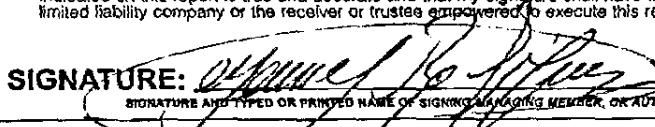
**Filing Fee is \$50.00
Due by May 1, 2006**

**1000001478419
04/08/06-80005-004 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, MANUEL 5901 SW 74TH STREET #400 MIAMI, FL 33143
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  **MANUEL RODRIGUEZ** **March 17, 2006** **(305) 666-0341**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #