# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 07, 2006
Secretary of State

DOCUMENT# L05000076861

**Entity Name:** RECOGNIZED INVESTMENT ONE, LLC

**Current Principal Place of Business:**

5190 NW 167 ST
STE #107
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

5190 NW 167 ST
STE #107
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

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

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

REYES, PATRICIA
20021 NW 62ND CT
MIAMI, FL 33015 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: | MGR | ( ) Delete |
| Name: | MERCADO, MARCELA F | |
| Address: | 19942 NW 62ND CT | |
| City-St-Zip: | MIAMI, FL 33015 US | |
| Title: | MGR | ( ) Delete |
| Name: | HAMPEL, OLAF B | |
| Address: | 808 BRICKELL KEY DR. # 1907 | |
| City-St-Zip: | MIAMI, FL 33131 US | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| 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: OLAF B HAMPEL MGR 11/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date