

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000003738 1. Entity Name PASTA PARTNERS, L.L.C.	
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Principal Place of Business 2600 NW 87TH AVE BAY #9 MIAMI, FL 33172	Mailing Address 2600 NW 87TH AVE BAY #9 MIAMI, FL 33172
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04192006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1007539	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARMISH, PAUL M 3390 KAPOT TERRACE MIRAMAR, FL 33025

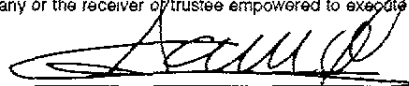
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)
DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SANDERS, CARMEN 5725 SW 8TH STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALMER, MARGARITA 8053 SW 186 ST MIAMI, FL 33157
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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 606, Florida Statutes.	
SIGNATURE:  CARMEN SANDERS	4/19/2006 (305) 261-3899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #