


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000005358

1. Entity Name
 MAJORCA HOLDINGS L.C.



Principal Place of Business
 1828 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134

Mailing Address
 1828 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
 65-1027165

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARDO, RUBE J
 1828 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARDO, RUBE J 1828 PONCE DE LEON BLVD CORAL GABLES, FL 33134
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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 608, Florida Statutes.

SIGNATURE: Rube J Pardo Date: 4/13/06 Daytime Phone #: 305-4485795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE