FILED
May 02, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005979

1. Entity Name
SAVE-IN, L.L.C.

Principal Place of Business	Mailing Address
5800 N UNIVERSITY DR TAMARAC, FL 33309	2010 SW 23 ST MIAMI, FL 33145 US

DO NOT WRITE IN THIS SPACE

04282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2561832

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FUEGUEL, NORBERTO
3743 OAKRIDGE
FORT LAUDERDALE, FL 33301

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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 $60.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FUEGUEL, NORBERTO
STREET ADDRESS	3743 OAKRIDGE
CITY-ST ZIP	FORT LAUDERDALE, FL 33301
TITLE	MGR
NAME	FUEGUEL, ROSALINDA
STREET ADDRESS	3943 OAKRIDGE DR.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
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 608, Florida Statutes.

SIGNATURE: NORBERTO FUEGUEL 04/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #