

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013657

FILED
Apr 19, 2006
Secretary of State

Entity Name: ANAJOR, L.C.

Current Principal Place of Business:

426 ALHAMBRA CIR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

426 ALHAMBRA CIR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 22-3829631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAITTE R. NETSCH, P.A.
782 NW LEJEUNE RD
SUITE 330
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

MAITTE R. NETSCH, P.A.
122 MADEIRA
CORAL GABLES, FL 33134 US

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:

04/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERNANDEZ, ANA MARIA, DE ARMAS
Address: 426 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: HERNANDEZ, MARIO A
Address: 426 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: HERNANDEZ, MARCELO
Address: 426 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HERNANDEZ, ANA MARIA DE ARMAS

MGRM

04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date