
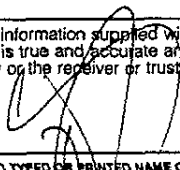


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L00000014060</b> 1. Entity Name CAC REAL ESTATE, LLC		
Principal Place of Business 14005 NW 186TH ST HIALEAH, FL 33018	Mailing Address 14005 NW 186TH ST HIALEAH, FL 33018	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DALE, CHARLES S 414 NE 4TH ST FT LAUDERDALE, FL 33301-1152		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, JOSE L 14005 NW 186 ST HIALEAH, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALLEY, IGNACIO 14005 NW 186 ST HIALEAH, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARFFER, MICHAEL D 14005 NW 186 ST HIALEAH, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIOS, GEORGE E 14005 NW 186 ST HIALEAH, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  George E Rios 4/26/06 (305) 829-0700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04262006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1054324	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

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05/17/06-80135-025 55.00