


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90057 036 \*\*\*\*50.00

<b>DOCUMENT # L01000007605</b>	
1. Entity Name <b>SAN IGNACIO INVESTMENTS, LLC</b>	

Principal Place of Business <b>8011 N.W. 14TH STREET, #200 MIAMI, FL 33126</b>	Mailing Address <b>8011 N.W. 14TH STREET, #200 MIAMI, FL 33126</b>
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2. Principal Place of Business <b>7100 NW 18 Street Suite, Apt. #, etc. Suite 210 City &amp; State Miami, FL 33126 Zip 33126 Country USA</b>	3. Mailing Address <b>7100 NW 12 Street Suite, Apt. #, etc. Suite 210 City &amp; State Miami, FL 33126 Zip 33126 Country USA</b>
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6. Name and Address of Current Registered Agent <b>URANGA, JAIME A 8011 N.W. 14TH STREET, #200 MIAMI, FL 33126</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

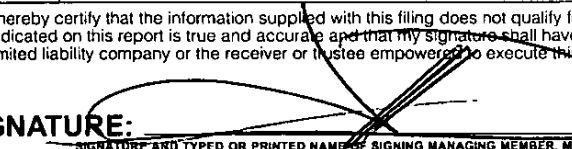
SIGNATURE  DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM URANGA, JAMIE A 14621 S.W. 66TH AVENUE MIAMI, FL 33158</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date Daytime Phone #