## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000011313

1. Entity Name

FERDINAND FUNERAL HOMES, L.L.C.



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2546 SW 8TH STREET MIAMI, FL 33135-3006

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04222006 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI NI			Applied For
65-1	1121328	1	Not Applicable
5. Certifi	cate of Status Desired		0 Additional

exil 22, 2006

## DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 famillar with, and accept the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABALLERO, FERNANDO 12901 SW 72ND AVENUE MIAMI, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000538330 05/09/06-80052-018 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		50	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ence N	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this fitting 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 cath; 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.					