2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000014903

1. Entity Name
THE GRANDE FAMILY, LLC

Principal Place of Business	Mailing Address
2414 SW 8TH STREET C/O CARLOS M. GRANDE MIAMI, FL 33135	2414 SW 8TH STREET C/O CARLOS M. GRANDE MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1135026	Not Applicable

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

6. Name and Address of Current Registered Agent

ARAZOZA, CARLOS F
2414 SW 8TH STREET
C/O CARLOS M. GRANDE
MIAMI, FL 33135

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 familiar 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

U000000383026
01/12/06-80037-007 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	GRANDE, CARLOS M	
STREET ADDRESS	2414 SW 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
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		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE
IN THIS SPACE

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_____   01-06-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #