# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000001572

**1. Entity Name**
CARTINA GROUP LLC

**20021502**

01112006    Chg-LLC    CR2E083 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 11900 BISCAYNE BLVD. 522 MIAMI, FL 33181   US | 11900 BISCAYNE BLVD. 522 MIAMI, FL 33181   US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| Zip | Country | Zip | Country |
|---|---|---|---|

**4. FEI Number** 01-0651808    Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHOMUT, CARLOS 11900 BISCAYNE BLVD. 522 MIAMI, FL 33181 | Name  Street Address (P.O. Box Number is Not Acceptable)  City    FL    Zip Code |

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**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | CHOMUT, MARTINA | | NAME | |
| STREET ADDRESS | 11900 BISCAYNE BLVD., SUITE 522 | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33181 | | CITY-ST-ZIP | |
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | CHOMUT, CARLOS | | NAME | |
| STREET ADDRESS | 11900 BISCAYNE BLVD., SUITE 522 | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33181 | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | 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:** _Carlos Chomut_ , CARLOS CHOMUT    3/9/06

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