

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000003826

1. Entity Name
FLORIDA PROPERTIES, LLC



Principal Place of Business
**10800 N.W. 29 ST.
 MIAMI, FL 33172**

Mailing Address
**P.O. BOX 526552
 MIAMI, FL 33152**



03072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0447816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 ONE S.E. THIRD AVE. 28TH FLOOR
 MIAMI, FL 33131**

**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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEST, ALBERTO 10800 N.W. 29 ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALHUANA, CARLOS 10800 N.W. 29 ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALHUANA, SR., CARLOS 10800 N.W. 29 ST. MIAMI, FL 33172
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 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: *Alberto Blest* *Alberto Blest* 3/7/06 (305) 463-9978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #