

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004375

FILED
Feb 22, 2007
Secretary of State

Entity Name: SANTA ELENA MANAGEMENT, LLC

Current Principal Place of Business:

1230 STILLWATER DR.
MIAMI, FL 33141

New Principal Place of Business:

Current Mailing Address:

1230 STILLWATER DR.
MIAMI, FL 33141

New Mailing Address:

FEI Number: 01-0708651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAVAGNUOLO, DOMINIC
Address: 1230 STILLWATER DR.
City-St-Zip: MIAMI, FL 33141

Title: MGR (X) Delete
Name: MONACO, JAMIE
Address: 1230 STILLWATER DR.
City-St-Zip: MIAMI, FL 33141

Title: MGR (X) Delete
Name: CAVAGNUOLO, ANTHONY
Address: 1230 STILLWATER DR.
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES:

Title: MNGR (X) Change () Addition
Name: CAVAGNUOLO, ANTHONY
Address: 1230 STILLWATER DR
City-St-Zip: MIAMI, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY CAVAGNUOLO

MNGR

02/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date