

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006246

**FILED**  
**Jan 30, 2006**  
**Secretary of State**

**Entity Name:** ANDRADE ENTERPRISES, LLC

**Current Principal Place of Business:**

11336 NORTHWEST 32ND AVENUE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

19477 40TH AVE  
GOLDEN BEACH, FL 33160

**Current Mailing Address:**

11336 NORTHWEST 32ND AVENUE  
GAINESVILLE, FL 32606

**New Mailing Address:**

19477 40TH AVE  
GOLDEN BEACH, FL 33160

**FEI Number:** 32-0005010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

ANDRADE, MARCIO G  
19477 40TH AVE  
GOLDEN BEACH, FL 33160 US

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:** MARCIO G ANDRADE

01/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P ( ) Delete  
**Name:** ANDRADE, MARCIO  
**Address:** 11336 NORTHWEST 32ND AVENUE  
**City-St-Zip:** GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** ANDRADE, MARCIO G  
**Address:** 19477 40TH AVE  
**City-St-Zip:** GOLDEN BEACH, FL 33160

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:** MARCIO G ANDRADE

MGRM

01/30/2006

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