


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000009309 1. Entity Name ARAGON GALIANO HOLDINGS, LLC |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 101 ARAGON AVENUE CORAL GABLES, FL 33134 | Mailing Address 101 ARAGON AVENUE CORAL GABLES, FL 33134 |
|--|--|



03222006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 30-0070885 | 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

GUZMAN, LEOPOLDO E
101 ARAGON AVENUE
CORAL GABLES, FL 33134

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

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

U00000518574
05/02/06-80017-013 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GUZMAN, LEOPOLDO E 101 ARAGON AVENUE CORAL GABLES, FL 33134 |
| 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:  **LEOPOLDO E. GUZMAN** 4/13/06 305-374-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #