

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


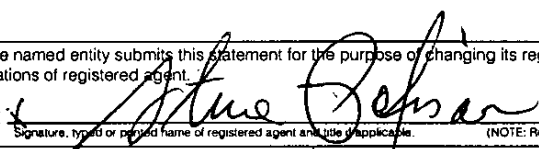
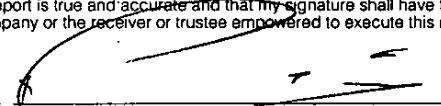
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. HODGES



01232006 Chg-LLC CR2E083 (11/05) 1/27

DOCUMENT # L02000010494			
1. Entity Name LA FACTORIA, LLC			
Principal Place of Business 124 COLLINS AVE. MIAMI BEACH, FL 33139		Mailing Address 7213 NW 12TH ST MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address 124 Collins Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami Beach FL	
Zip	Country	Zip	Country
33139		33139	USA
4. FEI Number 01-0685909		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 JALALI, HASSAN 7213 NW 12 ST. MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: Steven Polisar Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Rd. #2A City: Miami Beach FL Zip Code: 33139	
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 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 NAME STREET ADDRESS CITY-ST-ZIP	D JALALI, HASSAN 7213 NW 12TH ST MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carrara, Sylvain 124 Collins Ave. Miami Beach FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJELLOUN, HASSAN 45 NE 87TH ST EL PORTAL, FL 33136 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100064668321 01/27/06--01042--020 ***100.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1/23/06 308 9925180	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	