

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014887

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: WE FIX IT LLC.

**Current Principal Place of Business:**

6745 2ND ST  
JUPITER, FL 334582803

**New Principal Place of Business:**

**Current Mailing Address:**

6745 2ND ST  
JUPITER, FL 334582803

**New Mailing Address:**

6745 2ND ST  
JUPITER, FL 33458

FEI Number: 04-3690925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALONSO, RUBEN FEDERICO  
6745 2ND CT  
JUPITER, FL 334583803 US

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

ALONSO, RUBEN FEDERICO  
6745 2ND ST  
JUPITER, FL 33458 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: RUBEN ALONSO

02/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: FEDERICO, ALONSO RUBEN  
Address: 6745 2ND ST  
City-St-Zip: JUPITER, FL 334583803

Title: V ( ) Delete  
Name: MAXIMILIANO, ALONSO PABLO  
Address: 6745 2ND ST  
City-St-Zip: JUPITER, FL 334583803

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: ALONSO, RUBEN F  
Address: 6745 2ND ST  
City-St-Zip: JUPITER, FL 33458

Title: V (X) Change ( ) Addition  
Name: ALONSO, PABLO M  
Address: 6745 2ND ST  
City-St-Zip: JUPITER, FL 33458

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: RUBEN ALONSO

P

02/06/2006

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