

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015483

1. Entity Name
EL PASO, LLC



Principal Place of Business

201 SEVILLA AVE
 SUITE #202
 CORAL GABLES, FL 33134 US

Mailing Address

P.O. BOX 141873
 CORAL GABLES, FL 33114



03312006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1163439

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE
 1313 PONCE DE LEON BLVD., STE 301
 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ABRANTE, JOSE A SR
STREET ADDRESS	P.O. BOX 141873
CITY-ST-ZIP	CORAL GABLES, FL 33114
TITLE	MGR
NAME	ABRANTE, JR, JOSE A
STREET ADDRESS	P.O. BOX 141873
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	ABRANTE, ALBERTO R
STREET ADDRESS	P.O. BOX 141873
CITY-ST-ZIP	CORAL GABLES, FL 33114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/18/06-80053-020 50.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jose Abrante, Pres.

3/31/06

Date

305-445-265

Daytime Phone #