


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 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

DO NOT WRITE IN THIS SPACE



03022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1163439	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

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 _____ 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, 2007


9. MANAGING MEMBERS/MANAGERS

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

U00000738355
 05/11/07-80064-015 50.00

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:  Jose Abrante Sr. 4-23-07 305-445-2650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #