


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015755

1. Entity Name
COUNTRY REAL ESTATE INVESTMENTS, LLC



Principal Place of Business Mailing Address

7300 SW 100TH COURT **7300 SW 100TH COURT**
MIAMI, FL 33173 **MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0728033 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FL 33131

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COUNTRY USA, INC. 7300 SW 100TH COURT MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALENZUELA, PATRICIO 3440 HOLLYWOOD BOULEVARD, SUITE 360 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEPRE, HUGO 7300 SW 100TH CT MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MANGUPLI, LUIS 7300 SW 100TH CT MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000585803
 05/22/06-80013-015 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: X  **HUGO LEPRE, VP 1/12/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #