2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
04-03-2006 90069 027 ****50.00

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1. Entity Name
LA PEDRERA COMPANY, LTD. CO.

Principal Place of Business	Mailing Address
4382 FOX RIDGE DRIVE WESTON, FL 33331 US	1443 CAPRI LN UNIT 5904 WESTON, FL 33326 US

03302006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3204 NW 79 AVENUE	4382 FOX RIDGE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: WESTON, FL
Zip: 33122 Country:	Zip: 33331 Country:

4. FEI Number: 02-0626475 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREWOZKI, ROSANA
1443 CPRI LN UNIT 5904
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4382 FOX RIDGE DRIVE
City: WESTON FL Zip Code: 33331

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	PEREWOZSKI, ROSANA	
STREET ADDRESS	1443 CPRI LN UNIT 5904	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	MGR	☐ Delete
NAME	NUSYMOWICZ, GUSTAVO C	
STREET ADDRESS	4382 FOX RIDGE DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE		XX Change ☐ Addition
NAME		
STREET ADDRESS	4382 FOX RIDGE DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] GUSTAVO C. NUSYMOWICZ MAR 31-06 (305) 594-3969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #