

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000017579 1. Entity Name HAVANA HOLDINGS LLC	
---	---

Principal Place of Business 10271 SW 72ND STREET, STE. 102-D MIAMI, FL 33173	Mailing Address 10271 SW 72ND STREET, STE. 102-D MIAMI, FL 33173
--	--



03142006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3703301	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VIAS, MARTHA 10271 SW 72ND STREET, #102 MIAMI, FL 33173
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

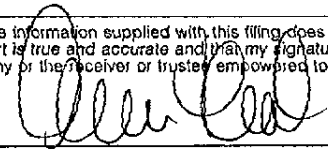
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALOS, ANDRES F 10271 SW 72ND STREET, STE. 102-D MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIAS, MARTHA 10271 SW 72ND STREET, STE. 102-D MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADRON, RAFAEL SR 10271 SW 72ND STREET, STE. 102-D MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADRON, RAFAEL JR 10271 SW 72ND STREET, STE. 102-D MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000475620
04/05/06-80023-007 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:  **MARTHA VIAS** 3.14.06. (205) 496-6276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #