

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90052 013 ****50.00

DOCUMENT # L02000020370

1. Entity Name

METRO PARTNERSHIP, LLC



Principal Place of Business

**3735 SW 8TH STREET, #105
CORAL GABLES, FL 33134**

Mailing Address

**3735 SW 8TH STREET, #105
CORAL GABLES, FL 33134**

40058214



04122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

72-1553629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, STE. 300
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	D
NAME	GARCIA, SERAFIN
STREET ADDRESS	3735 SW 8 ST #105
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	D
NAME	ARAGON, HECTOR
STREET ADDRESS	3735 SW 8TH ST #105
CITY-ST-ZIP	MIAMI, FL 33134
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**

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

Date

Daytime Phone #

SERAFIN GARCIA

4/17/06

305-569-0016