


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L02000026800</b> 1. Entity Name <b>TORRE MOLINO GREENS, LLC</b>	
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Principal Place of Business <b>6622 NATURE PRESERVE COURT NAPLES, FL 34109</b>	Mailing Address <b>6622 NATURE PRESERVE COURT NAPLES, FL 34109</b>
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03052006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>22-3878101</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HIRSCH, EDUARDO J**  
**6622 NATURE PRESERVE CT**  
**NAPLES, FL 34109**

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	MGRM <b>HIRSCH, EDUARDO J</b> <b>6622 NATURE PRESERVE CT</b> <b>NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>HIRSCH, ALEJANDRO</b> <b>5401 N.W. 105 COURT</b> <b>MIAMI, FL 33178</b>
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03/18/06-80028-022 50.00

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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 606, Florida Statutes.

**SIGNATURE:** *Eduardo Hirsch, MGRM*      3/3/06      239 598 0913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #