

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90010 040 ****50.00

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # L02000028211 | | | | | |
| 1. Entity Name RUIZ-ANGELO REAL ESTATE, LLC | | | | | |
| Principal Place of Business 4395 N LECANTO HWY STE 134 BEVERLY HILLS, FL 34465 | | | Mailing Address 4395 N LECANTO HWY STE 134 BEVERLY HILLS, FL 34465 | | |
| 2. Principal Place of Business 45 S. MELBOURNE ST Suite, Apt. #, etc. | | 3. Mailing Address 45 S. MELBOURNE ST Suite, Apt. #, etc. | | | |
| City & State BEVERLY HILLS, FL | | City & State BEVERLY HILLS, FL | | 04162006 Chg-LLC CR2E083 (11/05) | |
| Zip 34465 | | Country USA | | 4. FEI Number 48-1294551 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent RUIZ-ANGELO, EMILY 4395 N LECANTO HWY STE 134 BEVERLY HILLS, FL 34465 | | | 7. Name and Address of New Registered Agent Name: JOAQUIN ANGELO Street Address (P.O. Box Number is Not Acceptable): 45 S. MELBOURNE ST. City: BEVERLY HILLS FL Zip Code: 34465 | | |
| 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: JOAQUIN ANGELO DATE: 04/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE P | NAME RUIZ-ANGELO, EMILY | | TITLE | NAME 45 S. MELBOURNE ST | |
| STREET ADDRESS 4395 N LECANTO HWY STE 134 | CITY-ST-ZIP BEVERLY HILLS, FL 34465 | | STREET ADDRESS | CITY-ST-ZIP BEVERLY HILLS FL 34465 | |
| TITLE V | NAME ANGELO, JOAQUIN C | | TITLE | NAME 45 S. MELBOURNE ST | |
| STREET ADDRESS 4395 N LECANTO HWY STE 134 | CITY-ST-ZIP BEVERLY HILLS, FL 34465 | | STREET ADDRESS | CITY-ST-ZIP BEVERLY HILLS FL 34465 | |
| TITLE | NAME | | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| 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: JOAQUIN ANGELO | | | 04/17/06 (352)527-1818 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |