


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90025 050 ****50.00

DOCUMENT # L02000033231	
1. Entity Name FORNARIS, LLC	

Principal Place of Business 6201 NW 36ST MIAMI, FL 33166 US	Mailing Address 6201 NW 36ST MIAMI, FL 33166 US
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60035101



2. Principal Place of Business 5721 NW 36 St.	3. Mailing Address 5721 NW 36 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

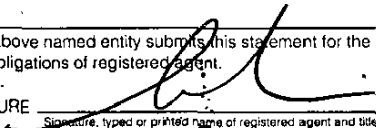
04102006 Chg-LLC CR2E083 (11/05)

City & State Miami, FL	City & State Miami, FL
Zip 33166	Zip 33166
Country U.S.A.	Country U.S.A.

4. FEI Number 30-0135606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	


6. Name and Address of Current Registered Agent FORNARIS, SAMUEL 6201 NW 36 ST MIAMI, FL 33166	
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7. Name and Address of New Registered Agent Name Fornaris, Samuel Street Address (P.O. Box Number is Not Acceptable) 5721 NW 36 St. City Miami FL Zip Code 33166	
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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 	Samuel Fornaris	04/12/06
<small>(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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORNARIS, SAMUEL 6201 NW 36 ST MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fornaris, Samuel 5721 NW 36 ST. Miami, FL. 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Samuel Fornaris	04/12/06 (305) 871 1121 Date Daytime Phone #