


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90136 016 \*\*\*\*50.00

<b>DOCUMENT # L03000002768</b> 1. Entity Name 1542 LLC	
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Principal Place of Business C/O TRIZEL COMMERCIAL REAL ESTATE 250 CATALONIA AVE., STE. 305 CORAL GABLES, FL 33134	Mailing Address C/O TRIZEL COMMERCIAL REAL ESTATE 250 CATALONIA AVE., STE. 305 CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0330302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CHIALASTRI, THOMAS C/O TRIZEL COMMERCIAL REAL ESTATE 250 CATALONIA AVE., STE. 305 CORAL GABLES, FL 33134
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**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 NAME STREET ADDRESS CITY-ST-ZIP	P CHIALASTRI, CARLOS 240 CATALONIA AVE #305 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIALASTRI, THOMAS 240 CATALONIA AVE #305 CORAL GABLES, FL 33134
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**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

CARLOS CHIALASTRI

1/17/06

Date

(305) 441-0040

Daytime Phone #