

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90030 027 ****50.00

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Entity Name
SCORPIO INVESTMENTS, LLC



Principal Place of Business
3250 MARY STREET
SUITE 500
MIAMI, FL 33133

Mailing Address
3250 MARY STREET
SUITE 500
MIAMI, FL 33133



04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0734800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PELTE, ARVIN
3250 MAY ST, STE 500
MIAMI, FL 33133

**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
MGR
CALDERON, ADRIANA
3250 MARY STREET STE 500
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROJANO, ENOC AROZQUETA
3250 MARY STREET STE 500
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PEREZ, ALEJANDRO MANG
3250 MARY STREET STE 500
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

4-21-06
305 445-4232
C/O Arvin Pelte