

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011510

Entity Name: CASA ALBONDIGA, L.L.C.

FILED  
Feb 20, 2006  
Secretary of State

## Current Principal Place of Business:

7735 NW 146TH ST.  
SUITE 303  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

7735 NW 146TH ST.  
SUITE 303  
MIAMI LAKES, FL 33016

## New Mailing Address:

FEI Number: 33-1062454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEDRO, ZAMORA L  
7735 NW 146TH STREET  
SUITE 303  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ZAMORA, PEDRO L  
Address: 2501 S. OCEAN BLVD. APT. 302  
City-St-Zip: BOCA RATON, FL 33432 US  
  
Title: MGRM ( ) Delete  
Name: FERNANDEZ, SERGIO TRUSTEE  
Address: 6525 SW 134TH DRIVE  
City-St-Zip: PINECREST, FL 33156 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ZAMORA, PEDRO L  
Address: 7735 NW 146TH STREET, SUITE 303  
City-St-Zip: MIAMI LAKES, FL 33016 US  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: P ZAMORA

MGRM

02/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date