2006 LIMITED LIABILITY COMPANY
- ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000011585

1. Entity Name AUSTIN SANTO, LLC



FILED Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business

1103 MARBELLA PLAZA DR. TAMPA, FL 33619 Mailing Address

1103 MARBELLA PLAZA DR. TAMPA, FL 33619



03082006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0823543

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTO, CURRAN K 1103 MARBELLA PLAZA DR. TAMPA, FL 33619

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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.

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 PORTO, CURRAN K 1103 MARBELLA PLAZA DR. TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, RODGER B 1103 MARBELLA PLAZA DR. TAMPA, FL 33619
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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 accurage and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the receiver of nustee 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

×4/11/06

X 0200

Daytime Phone