


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000020756  
 1. Entity Name  
 JUAN & LUCIA I, LLC



Principal Place of Business 5370 W. 11TH AVE HIALEAH, FL 33012-2447	Mailing Address 5370 W. 11TH AVE HIALEAH, FL 33012-2447
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

LLERENA, JUAN CARLOS  
 5370 W. 11TH AVE  
 HIALEAH, FL 33012-2447

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LLERENA, JUAN 5370 W. 11TH AVE HIALEAH, FL 330122447
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LLERENA, LUCIA 5370 W. 11TH AVE HIALEAH, FL 330122447
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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 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: *Juan Llerena* 4/10/2007 7864438031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #