


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000022473 1. Entry Name MONTELIMAR, L.L.C.	
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Principal Place of Business 17150 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326	Mailing Address 17150 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326
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02022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0837439	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316	DO NOT WRITE IN THIS SPACE
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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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOKANA, ALBERT A 17150 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELA, JAIRO H 17150 ROYAL PALM BLVD SUITE 2 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARZON, CRISANTO 17150 ROYAL PALM BLVD WESTON, FL 33326
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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02/19/07-80012-025 50.00

**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

Feb 02 - 07

(954) 888-4202

Date

Daytime Phone #