

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027530

Entity Name: RETECA, L.L.C.

FILED  
Apr 11, 2006  
Secretary of State

**Current Principal Place of Business:**

1290 WESTON RD SUITE 306-I3  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1290 WESTON RD SUITE 306-I3  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-1701057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GBS CONSULTANTS  
1290 WESTON RD SUITE 306-I3  
WESTON, FL 33326 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: P ( ) Delete  
Name: HECTOR LUIS PEROZO M, ALDONADO  
Address: 1290 WESTON RD. SUITE 306-13  
City-St-Zip: WESTON, FL 33326

Title: V ( ) Delete  
Name: CARMEN MARGARITA NUC, ETTE DELGADO  
Address: 1290 WESTON RD. SUITE 306-13  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: HECTOR LUIS PEROZO M, ALDONADO  
Address: 1290 WESTON RD. SUITE 306-13  
City-St-Zip: WESTON, FL 33326

Title: V (X) Change ( ) Addition  
Name: CARMEN MARGARITA NUC, ETTE DELGADO  
Address: 1290 WESTON RD. SUITE 306-13  
City-St-Zip: WESTON, FL 33326

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: HECTOR PEROZO

P

04/11/2006

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