


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90314 043 ****50.00

DOCUMENT # L03000029688 1. Entity Name TUCUMAN, LLC			
Principal Place of Business 4500 NW 79 AVE 2-A EL DORAL, FL 33166		Mailing Address 4500 NW 79 AVE 2-A EL DORAL, FL 33166	
2. Principal Place of Business - No P.O. Box # 4430 NW 79 Ave		3. Mailing Address 4430 NW 79 Ave	
Suite, Apt. #, etc. 1 A		Suite, Apt. #, etc. 1 A	
City & State Miami, FL		City & State Miami, FL	
Zip 33166		Zip 33166	
Country 		Country 	
6. Name and Address of Current Registered Agent HEREDIA, JOSE A 4500 NW 79 AVE APT 2-A EL DORAL, FL 33166		7. Name and Address of New Registered Agent Name Heredia, Jose A. Street Address (P.O. Box Number is Not Acceptable) 4430 NW 79 Ave 1A City Miami FL Zip Code 33166	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEREDIA, JOSE A 4500 NW 79 AVE APT 2-A EL DORAL, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Heredia, Jose A. 4430 NW 79 Ave 1A Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	