

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90137 001 \*\*\*150.00

<b>DOCUMENT # L03000031669</b> 1. Entity Name <b>MIM TRES INVESTMENTS, L.L.C.</b>					
Principal Place of Business <b>110 WASHINGTON AVE 2404 MIAMI BEACH, FL 33139</b>			Mailing Address <b>9737 NW 41 ST 615 MIAMI, FL 33178</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SERGIO DE VARONA, CPA 304 PALERMO AVE. CORAL GABLES, FL 33134</b>				Name <b>Cabanas &amp; Associates, PA.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10520 NW 26 ST. - Ste. C201</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33172</b>	
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 <b>Joseph F. Cabanas</b> (NOTE: Registered Agent signature required when reinstating)		DATE <b>8/02/06</b>	
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BURGOS PASCUAL, MARIA V 110 WASHINGTON AVE #2404 MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR. Burgos Pascual, Maria V. 110 Washington Ave. Miami Beach, FL 33139</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR. Pascual de Burgos, Marina 110 Washington Ave. Miami Beach, FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR. Burgos Martinez, Isidro 110 Washington Ave. Miami Beach, FL 33139</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <b>Joseph F. Cabanas</b>			
		Date <b>08/02/06</b> (305) 594 1098 Daytime Phone #			