## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # L03000033822  1. Entity Name CORINCAS LLC						04-17-2006	5 90049 029	' ****50	.00	
	of Business LOVE STREET JEN, FL 34787 US	Mailing Address 13642 FOX GLOVE STREET WINTER GARDEN, FL 34787 US				I ABKAL KIKI 44M FIKI 81	NIA <b>61/61</b> Hi <b>tt</b> Ini <b>6</b> 1	1849 (1818 <b>1</b> 181	11 III ISP1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102006	Chg-LLC	CR2E083	(11/05)		
City & State		City & State			4. FEI Numb 20-043				Applicable	
Zip	Country	Zip	Zip Country			of Status Desired	U Fe	5.00 Addi e Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Ag	ent		
				Name () CALLS SUAKEZ						
MANUEL, JOSE 10240 SW 135 STREET				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33186				13642 Pox Glove ST						
i.						41004 3	<del></del>	Zip Code	25	
				CityWINI		ieu	FL	Zip Code		
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										
		1								
FI De		<i>a.</i> \			Make check payable to Florida Department of State					
9.	MANAGING MEMBE	RS/MANAGERS 10.				ADDITIONS/CHANGES				
TITLE	MGRM	Delete	TITLE					Change	☐ Addition	
NAME	MANUEL, JOSE	/ -	NAM							
STREET ADDRESS	10240 SW 135 ST			ET ADDRESS -ST-ZIP						
CITY-ST-ZIP	MIAMI, FL 33186							Change	☐ Addition	
TITLE NAME	MGRM GLASER, JOHN	Delete	TITLE				,	cricings		
STREET ADDRESS	13643 FOX GLOVE STREET		STRE	ET ADDRESS						
CITY-ST-ZIP	WINTER GARDEN, FL 34787		СПУ	-ST-ZIP						
TITLE		Delete	TITLE	n	MGRM C	1/1/_		Change	X Addition	
NAME STREET ADDRESS			, NAMI STRE	ET ADDRESS 17	rose M. C.	Glave Stre	ياريها		-	
CITY-ST-ZIP			- 1	-ST-ZIP	3643 Fox Winter 6=	word, FL	34787			
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAM							
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CITY-ST-ZIP			_					☐ Change	Addition	
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STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			СПУ	-ST-ZIP						
TITLE		☐ Delete	TITL	<b>I</b>		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			NAM	4						
STREET ADDRESS CITY-ST-ZIP		_		ET ADDRESS -ST-ZIP						
	certify that the information or renticed with	this filling does not qualify for			ined in Chapter 11	9, Florida Statutes.	I further certify t	that the info	rmation	
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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										