2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037953

1. Entity Name
FINGER LAKES MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1500 NW 95TH AVE. MIAMI, FL 33172	1500 NW 95TH AVE. MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

06082006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
35-2216081
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 NW LE JEUNE RD., STE. 324
MIAMI, FL 33126

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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's signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARQUIN, GEORGE C VP
STREET ADDRESS	1500 NW 95 AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGRM
NAME	LOZANO, EDGAR M PRES
STREET ADDRESS	1500 NW 95 AVENUE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGRM
NAME	HASWELL, MARTHA
STREET ADDRESS	1500 NW 95TH AVE.
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGRM
NAME	FERNANDEZ, NICOLAS
STREET ADDRESS	780 NW LE JEUNE ROAD, SUITE 324
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/19/06-80007-002 50.00

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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 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 Date Daytime Phone #