

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jan 09, 2006 8:00 am  
Secretary of State**

01-09-2006 90049 033 \*\*\*\*50.00

DOCUMENT # L03000039732		
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Principal Place of Business 10310 NW 52ND STREET CORAL SPRINGS, FL 33076	Mailing Address 10310 NW 52ND STREET CORAL SPRINGS, FL 33076
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2. Principal Place of Business	3. Mailing Address P. O. Box 771657
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State CORAL SPRINGS FL
Zip	Zip 33077 Country USA

6. Name and Address of Current Registered Agent	
HURTADO, RAY 10310 NW 52ND STREET CORAL SPRINGS, FL 33076	



01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2112277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City 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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURTADO, RON 10310 NORTHWEST 52 STREET CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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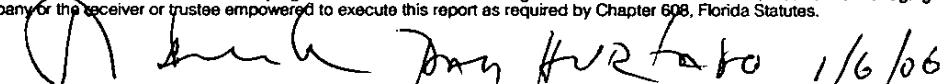
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or 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 #

 1/6/06