

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040387

Entity Name: 2620 ACQUISITION, LLC

FILED
Apr 03, 2006
Secretary of State

Current Principal Place of Business:

601 BRICKELL KEY DRIVE
SUITE 705
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

601 BRICKELL KEY DRIVE
SUITE 705
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0350889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE LA PENA & ASSOCIATES, P.A.
601 BRICKELL KEY DR.
SUITE 705
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE LA PENA, LEONCIO E
Address: 601 BRICKELL KEY DRIVE SUITE 705
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: OLLOQUI, RAFAEL
Address: 601 BRICKELL KEY DRIVE SUITE 705
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: OLLOQUI, RICARDO
Address: 601 BRICKELL KEY DRIVE SUITE 705
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEO DE LA PENA

MGR

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date