2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 08:00
Secretary of Stat

DOCUMENT # L03000041754

1. Entity Name
BRUKMAN & CHECHIK, L.L.C.

Principal Place of Business	Mailing Address
306 ALCAZAR AVE. SUITE: 302 CORAL GABLES, FL 33134	306 ALCAZAR AVE. SUITE: 302 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

02062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0346318
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERT P. VEGA, CPA, P.A.
306 ALCAZAR AVE.
SUITE: 302
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRUKMAN, SERGIO VICTOR
STREET ADDRESS	306 ALCAZAR AVE. SUITE 302
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	PATRICIA SANDRA CHECHIK DE BRUKMAN
STREET ADDRESS	306 ALCAZAR AVE., STE. 302
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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03/15/06-80009-005 55.00

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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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SERGIO BRUKMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #