2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043667

1. Entity Name
LA TRONCADA LLC

Principal Place of Business	Mailing Address
6937 NW 52 ST. MIAMI, FL 33166	6937 NW 52 ST. MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

04192006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
35-2222823	Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, FLORENTINO
6937 NW 52 ST.
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FERNANDEZ, FLORENTINO
STREET ADDRESS	6937 NW 52 ST.
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	MGR
NAME	FERNANDEZ, CARLOS A
STREET ADDRESS	6937 NW 52 ST.
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	MGR
NAME	FERNANDEZ, ESTHER M
STREET ADDRESS	6937 NW 52 ST.
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	MGR
NAME	FERNANDEZ, FLORENTINO SR.
STREET ADDRESS	6937 NW 52 ST.
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000532021
05/06/06--80066-017 50.00

DO NOT WRITE IN THIS SPACE

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: _Florentino Fernandez_   4/24/2006   305 591 2472

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