


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90030 006 ****50.00

DOCUMENT # L03000045544 1. Entity Name BARRETO MANAGEMENT LIMITED LIABILITY COMPANY	
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Principal Place of Business 9250 SW 104 STREET MIAMI, FL 33176 US	Mailing Address 9250 SW 104 STREET MIAMI, FL 33176 US
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2. Principal Place of Business 235 Catalonia Ave Suite, Apt. #, etc.	3. Mailing Address 235 Catalonia Ave. Suite, Apt. #, etc.
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03062006 Chg-LLC CR2E083 (11/05)

City & State Coral Gables, FL	City & State Coral Gables, FL	4. FEI Number 20-0605285	Applied For Not Applicable
Zip 33134	Country USA	Zip 33134	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BERMAN, DAVID M
13500 SW 88 STREET
#129
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name **David M. Berman**
 Street Address (P.O. Box Number is Not Acceptable)
9560 SW 107 Ave, Suite 208
Miami FL Zip Code **33176**

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]* DATE **3/7/06**

(NOTE: Registered Agent signature required when reinstating)

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	MGRM	TITLE	
NAME	BARRETO, RODNEY <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9250 SW 104 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information applied 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 officer or director thereof or am otherwise empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **3/7/06** DAYTIME PHONE # **(305) 444-4648**


SIGNATURE AND PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT

DOCUMENT # L03000045544

1. Entity Name
BARRETO MANAGEMENT LIMITED LIABILITY COMPANY



Principal Place of Business Mailing Address
9250 SW 104 STREET **9250 SW 104 STREET**
MIAMI, FL 33176 US **MIAMI, FL 33176 US**

20016995



2. Principal Place of Business 3. Mailing Address
235 Catalonia Ave. **235 Catalonia Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03062006 Chg-LLC CR2E083 (11/05)

City & State City & State
Coral Gables, FL **Coral Gables, FL**
 Zip Country Zip Country
33134 **USA** **33134** **USA**

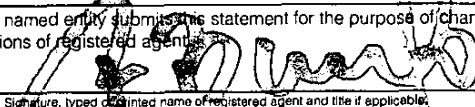
4. FEI Number Applied For
20-0605285 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BERMAN, DAVID M
13500 SW 88 STREET
#129
MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name **David M. Berman**
 Street Address (P.O. Box Number is Not Acceptable)
9560 SW 107 Ave, Suite 208
 City **Miami** State **FL** Zip Code **33176**

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 **3/7/06**

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARRETO, RODNEY 9250 SW 104 STREET MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/7/06** Daytime Phone # **(305) 444-4648**

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

ATTACHMENT

Law Offices

BERMAN & BERMAN, P.A.

9560 SW 107TH AVENUE

SUITE 208

MIAMI, FLORIDA 33176

(305) 274-0TAX (0829)

FAX (305) 274-7829

20016995
#L03000045544

DAVID M. BERMAN
J.D., LL.M. (TAXATION)
PAUL F. BERMAN

1taxlaw@bellsouth.net

March 10, 2006

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

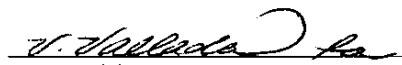
RE: Barreto Management Limited Liability Company
EIN: 20-0605285

Dear Sir or Madam:

Please process the enclosed 2006 Annual Report, for the captioned entity. In addition, enclosed please find check #4705 in the amount of \$50.00, to cover costs. Please stamp the enclosed copy of the 2006 Annual Report "received" and return it to our office in the envelope enclosed for your convenience.

Very Truly Yours,

LAW OFFICES OF
BERMAN & BERMAN, P.A.

By: 
David M. Berman, Esq.

DMB/vv