

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90060 008 ****55.00

DOCUMENT # L03000051934					
1. Entity Name ALMEIDA HOLDINGS, LLC					
Principal Place of Business 8900 SW 117TH AVENUE, SUITE #B-104 MIAMI, FL 33186			Mailing Address 8900 SW 117TH AVENUE, SUITE #B-104 MIAMI, FL 33186		
2. Principal Place of Business 7374 SW 93rd Avenue Suite, Apt. #, etc. 201 City & State Miami, Fl. Zip 33173		3. Mailing Address 7374 SW 93rd Avenue Suite, Apt. #, etc. 201 City & State Miami, Fl. Zip 33173		01102006 Chg-LLC CR2E083 (11/05)	
Country Miami-Dade		Country Miami-Dade		4. FEI Number 03-0541058	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALMEIDA, RODNEY 8900 SW 117TH AVENUE, SUITE #B-104 MIAMI, FL 33186 7374 SW 93rd Avenue Ste. 201 Miami, Fl. 33173			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: DATE: 1/11/06					
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 ALMEIDA, RODNEY 7374 SW 93 Ave 8900 SW 117TH AVENUE, SUITE #B-104 Ste. 201 MIAMI, FL 33186 Miami, Fl. 33173		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	
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	
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:			1/11/06 (305) 596-0060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		