

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90063 006 ****50.00

DOCUMENT # L03000052318

1. Entity Name
P.I.G. RE I, LLC



Principal Place of Business

8025 SW 99TH STREET
MIAMI, FL 33156

Mailing Address

8025 SW 99TH STREET
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
52-2420522

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARLADE, JAIME L III
8025 SW 99TH STREET
MIAMI, FL 33156

**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	PARLADE, JAIME L III
STREET ADDRESS	8025 SW 99TH STREET
CITY-STATE-ZIP	MIAMI, FL 33156
TITLE	MGR
NAME	CORRAL, ALICIA M
STREET ADDRESS	1510 PALANCIA AVENUE
CITY-STATE-ZIP	CORAL GABLES, FL 33156
TITLE	MGR
NAME	HERNANDEZ, MARGARITA
STREET ADDRESS	1 ALHAMBRA CIR., APT. 606
CITY-STATE-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	TIRADO, PABLO E
STREET ADDRESS	2844 S.W. 124 PLACE
CITY-STATE-ZIP	MIAMI, FL 33175
TITLE	MGR
NAME	PARLADE, ALBERTO J
STREET ADDRESS	7050 S.W. 86 AVENUE
CITY-STATE-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/2006

Date

305-989-382

Daytime Phone #