


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90274 001 \*\*\*500.00

**DOCUMENT # L03000055188**

1. Entity Name  
 13333 S.W. 112 PLACE , LLC



Principal Place of Business  
 4345 CANARD ROAD  
 MELBOURNE, FL 32934

Mailing Address  
 4345 CANARD ROAD  
 MELBOURNE, FL 32934

30008034



2. Principal Place of Business  
 592 HAWKSBILL IS. DR.  
 Suite, Apt. #, etc.

3. Mailing Address  
 SAME  
 Suite, Apt. #, etc.

05112006 Chg-LLC CR2E083 (11/05)

City & State  
 SATELLITE BEACH, FL

City & State

Zip  
 32937

Country  
 (BREVARD)

Zip

Country

4. FEI Number  
 20-0505418

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAVAYA, MARIA E  
 4345 CANARD ROAD  
 MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name  
 MARIA ABRAYAYA

Street Address (P.O. Box Number is Not Acceptable)  
 592 HAWKSBILL IS. DR

City  
 SATELLITE BEACH FL

Zip Code  
 32937

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 Maria Abavaya 5/1/06 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 September 8, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAVAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA ABRAYAYA 592 HAWKSBILL IS. DR. SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Maria Abavaya 5/1/06 321-266-8669 DATE Daytime Phone #

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