

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000001396

1. Entity Name
MARIO F. REYES, L.L.C.



FILED
Jan 12, 2006 08:00 AM
Secretary of State

Principal Place of Business
4715 NORTH ROME AVENUE
TAMPA, FL 33603

Mailing Address
4715 NORTH ROME AVENUE
TAMPA, FL 33603



01042006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0507476

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYES, MARIO F
4715 NORTH ROME AVENUE
TAMPA, FL 33603

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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	MGRM
NAME	REYES, MARIO F
STREET ADDRESS	4715 NORTH ROME AVENUE
CITY - ST - ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/12/06-80008-013 55.00

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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:

Mario F Reyes

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

1/6/05 (813) 598-7104

Date

Daytime Phone #