


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000010137		
1. Entity Name LES MARIES, L.L.C.		
Principal Place of Business 801 BRICKELL BAY DR, UNIT 1765 MIAMI, FL 33131	Mailing Address 801 BRICKELL BAY DR, UNIT 1765 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NOGUEIRA, RODOLFO L 801 BRICKELL BAY DR, UNIT 1765 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOGUEIRA, RODOLFO L 801 BRICKELL BAY DR, UNIT 1765 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORAN, ALICIA C 801 BRICKELL BAY DR, UNIT 1765 MIAMI, FL 33131	
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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: <u><i>Rodolfo L. Nogueira</i></u> RODOLFO L. NOGUEIRA		Date <u>04/28/06</u> Daytime Phone # <u>305-442-1060</u>



04252006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 98-0440827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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05/17/06-80127-005 50.00