

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000010895

1. Entity Name  
 USUGA & ZAPATA, LLC



Principal Place of Business  
 7227 NW 88 AVENUE  
 TAMARAC, FL 33321 US

Mailing Address  
 7227 NW 88 AVENUE  
 TAMARAC, FL 33321 US



02032006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0705902	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ZAPATA, HUGO  
 7227 NW 88 AVENUE  
 TAMARAC, FL 33321

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGO, ZAPATA 7227 NW 88 AVENUE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSTAVO, USUGA 7227 NW 88 AVENUE TAMARAC, FL 33321
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**DO NOT WRITE 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:**

HUGO ZAPATA, MANAGER

2/3/06

(954) 726-1010

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

Date

Daytime Phone #