



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000016980</b> 1. Entity Name LOS SUENOS, LLC	
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Principal Place of Business 432 S BABCOCK ST MELBOURNE, FL 32901	Mailing Address 432 S BABCOCK ST MELBOURNE, FL 32901
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**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0816460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

DEAN MEAD SERVICES LLC  
800 N MAGNOLIA AVE  
SUITE 1500  
ORLANDO, FL 32803

**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 \_\_\_\_\_ 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 May 1, 2007**

L000000649117  
03/07/07-80036-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMITI, JR, JERRY J 432 S BABCOCK ST MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMINTI, ALEXANDER 432 S BABCOCK ST MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-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**  **ALEXANDER PEZZEMINTI**      2/19/07      321-723-0651  
Signature, typed or printed name of signing managing member, or authorized representative      Date      Daytime Phone #