

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000017682 1. Entity Name ALAUQA 638, LLC	
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Principal Place of Business 10924 NORTHWEST 69 STREET MIAMI, FL 33178	Mailing Address 10924 NORTHWEST 69 STREET MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

03062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0839243	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

VECCHIO, RAFAEL 10924 NORTHWEST 69 STREET MIAMI, FL 33178

**DO NOT WRITE
IN THIS SPACE**

6. 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
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**Filing Fee is \$50.00
Due by May 1, 2006**

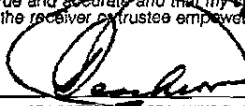
1101000478426
04/08/06-80005-011 50.00

7. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, NELSON M 10924 NORTHWEST 69 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VECCHIO, RAFAEL J 10924 NORTHWEST 69 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, MIGUEL A 10924 NORTHWEST 69 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, OLIMPIADES E 10924 NORTHWEST 69 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, NELSON J 10924 NORTHWEST 69 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: 	3/19/06 305-591-5866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #