


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90034 037 \*\*\*\*55.00

<b>DOCUMENT # L04000018574</b>	
1. Entity Name <b>LENTEJA MANAGEMENT, LLC</b>	

Principal Place of Business <b>COMMERCE TRUST COMPANY 220 ALHAMBRA CIR, 11 FL CORAL GABLES, FL 33134</b>	Mailing Address <b>COMMERCE TRUST COMPANY 220 ALHAMBRA CIR, 11 FL CORAL GABLES, FL 33134</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03232006 Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent <b>CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736</b>		7. Name and Address of New Registered Agent Name <b>CTC Management Services, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 Alhambra Circle, 11th Floor</b> City <b>Coral Gables</b> FL Zip Code <b>33134</b>	
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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 Pedro Raul Arana **PEDRO RAUL ARANA, Authorized Representative** 3-23-2006  
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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COMMERCE TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE, 11TH FL CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Anthony Pera **COMMERCE TRUST COMPANY, N.A., AS MANAGER** 3-23-2006 (305) 441-5555  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #