


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90049 026 \*\*\*\*50.00

<b>DOCUMENT # L04000025058</b> 1. Entity Name <b>LOPEZ-CISNEROS &amp; LEAL, L.L.C.</b>					
Principal Place of Business <b>5511 S.W. 8TH ST SUITE 202 MIAMI, FL 33134</b>			Mailing Address <b>5971 SW 88 STREET MIAMI, FL 33156</b>		
2. Principal Place of Business <b>8700 W. FLAGLER ST.</b>		3. Mailing Address <b>8700 W. FLAGLER ST.</b>			
Suite, Apt. #, etc. <b>390</b>		Suite, Apt. #, etc. <b>390</b>			
City & State <b>MIAMI</b>		City & State <b>MIAMI FL</b>			
Zip <b>33174</b>		Country <b>USA</b>		Zip <b>33174</b>	
Country <b>USA</b>		4. FEI Number <b>51-0505312</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CISNEROS, MERCEDES L 5511 S.W. 8TH ST, STE 202 MIAMI, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8700 W. FLAGLER ST.</b> <b>SUITE 390</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33156</b>		
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 <u>M Cisneros</u> DATE <u>3/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CISNEROS, MERCEDES L 5511 S.W. 8TH ST, STE 202 MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAL, ANGEL F JR. 5511 S.W. 8TH ST, STE 202 MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAL, ANGEL F JR. 5511 S.W. 8TH ST, STE 202 MIAMI, FL 33134	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAL, ANGEL F JR. 5511 S.W. 8TH ST, STE 202 MIAMI, FL 33134	<input type="checkbox"/> Delete			
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>M Cisneros</u>		3/20/06 (305) 4801234			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					