


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90143 009 ****50.00

DOCUMENT # L04000041259					
1. Entity Name LUIZ SANTOS LLC					
Principal Place of Business 31 OLD KINGS ROAD SUITE 2 PALM COAST, FL 32137 US			Mailing Address 1515 RIDGEWOOD AVENUE SUITE A HOLLYHILL, FL 32117 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1248074	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SANTOS, LUIZ C 4 BICKWICK LANE PALM COAST, FL 32137				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 <i>L. Santos</i>				DATE <i>7/27/00</i>	
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-stating)				DATE	
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM			TITLE	
NAME	SANTOS, LUIZ C	<input type="checkbox"/> Delete		NAME	<i>Luiz C. Santos</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	61 REIDSVILLE DRIVE			STREET ADDRESS	<i>80 Ryeclyffee Dr.</i>
CITY - ST - ZIP	PALM COAST, FL 32164			CITY - ST - ZIP	<i>Palm Coast, FL 32164</i>
TITLE	MGRM			TITLE	
NAME	SANTOS, MARIA	<input type="checkbox"/> Delete		NAME	<i>Maria G. Santos</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	61 REIDSVILLE DRIVE			STREET ADDRESS	<i>80 Ryeclyffee Dr.</i>
CITY - ST - ZIP	PALM COAST, FL 32164			CITY - ST - ZIP	<i>Palm Coast, FL 32164</i>
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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: <i>L. Santos</i>				DATE: <i>7/27/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	
				Daytime Phone #	