

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045100

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: INVERSIONES MONTAGUT L.L.C.

**Current Principal Place of Business:**

4499 FOX TAIL LANE  
WESTON, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

4499 FOX TAIL LANE  
WESTON, FL 33331 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARRERO, JOSE C ESQ.  
1820 N. CORPORATE LAKES BLVD.,  
SUITE # 105  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MONTAGUT, HERNANDO  
Address: 4499 FOX TAIL LANE  
City-St-Zip: WESTON, FL 33331 US

Title: MGRM ( ) Delete  
Name: DE MONTAGUT, SUSANA  
Address: 4499 FOX TAIL LANE  
City-St-Zip: WESTON, FL 33331 US

Title: MGRM ( ) Delete  
Name: MONTAGUT, ANA CRISTINA  
Address: 4499 FOX TAIL LANE  
City-St-Zip: WESTON, FL 33331 US

Title: MGRM ( ) Delete  
Name: MONTAGUT, HERNANDO JOSE  
Address: 4499 FOX TAIL LANE  
City-St-Zip: WESTON, FL 33331 US

Title: MGRM ( ) Delete  
Name: MONTAGUT, LILIANA  
Address: 4499 FOX TAIL LANE  
City-St-Zip: WESTON, FL 33331 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANA CRISTINA MONTAGUT

MGRM

03/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date