2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045100

City-St-Zip:

WESTON, FL 33331 US

Entity Name: INVERSIONES MONTAGUT L.L.C.

FILED Mar 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	TAIL LANE , FL 33331	US		
Current Mailing Address:			New Mailing Address:	
	TAIL LANE , FL 33331	US		
FEI Number	:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
1820 N. CO SUITE # 10 WESTON,	, FL 33326 U	AKES BLVD., S		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATU				
	Electro	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM (MONTAGUT, H 4499 FOX TAI WESTON, FL	L LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (DE MONTAGU 4499 FOX TAI WESTON, FL	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (MONTAGUT, A 4499 FOX TAI WESTON, FL	L LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM (MONTAGUT, L 4499 FOX TAI		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: ANA CRISTINA MONTAGUT MGRM 03/10/2006