## <sup>\*</sup>2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000048569

1. Entity Name

Principal Place of Business

LARA'S INVESTMENTS, LLC



Mailing Address

12451 NW 7 STREET 12451 NW 7 STREET MIAMI, FL 33182 MIAMI, FL 33182

FILED Mar 06, 2006 08:00 AM Secretary of State



02242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3901709 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

LARA, RUBEN G 12451 NW 7 STREET MIAMI, FL 33182

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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 (amiliar with,	and accept
the obligations of registered egent.			

SIGNATURE.

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

<b>9.</b>	MANAGING MEMBERS/MANAGERS		
TITLE HAME STREET ADDRESS CITY-ST-21P	MGR LARA, RUBEN G 12451 NW 7 STREET MIAMI, FL 33182		
title Mame Street address City-St-Zip	MGR LARA, HECTOR G 12451 NW 7 STREET MIAMI, FL 33182	-	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR LARA, JUAN J 12451 NW 7 STREET MIAMI, FL 33182		
MILE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARA, VICTOR E 12451 NW 7 STREET MIAMI, FL 33182		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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11. I hereby certify that the information supplied with this filling does not quality 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 eath; 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:

URE:
SIGNATURE AND TYPED OR PRINTED NAME OF SHORING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/24/06 305-220-2580

Daytime Phone #