

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000055089

1. Entity Name
BURNT STORE 36, L.L.C.



FILED

06 MAY -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

Principal Place of Business
1314 LAFAYETTE ST
SUITE C
CAPE CORAL, FL 33904

Mailing Address
1314 LAFAYETTE ST
SUITE C
CAPE CORAL, FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1448265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BASERVA, JOSE
1314 LAFAYETTE ST
SUITE C
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DUARTE, JORGE
STREET ADDRESS 5975 SUNSET DRIVE, SUITE 601
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE MGRM ☐ Delete
NAME BASERVA, JOSE
STREET ADDRESS 1314 LAFAYETTE ST, STE C
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE MGRM ☐ Delete
NAME FLORIDA IMMOBILIEN INVESTMENTS, INC.
STREET ADDRESS 2301 DEL PRADO BLVD, STE 100
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE MGRM ☐ Delete
NAME ASHLIND REALTY CORP.
STREET ADDRESS 5975 SUNSET DRIVE, SUITE 601
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/06