


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000063020

1. Entity Name
SITIO'S GROUP LLC



Principal Place of Business
**16041 S.W. 110TH STREET
 MIAMI, FL 33196**

Mailing Address
**16041 S.W. 110TH STREET
 MIAMI, FL 33196**



02082006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1540535

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BENITEZ, SONIA O CPA
 2000 PONCE DE LEON BLVD. 6TH FLOOR
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR CRUZ, DUNIESKY 10311 S.W. 134TH AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR RIVERO, DANNY 3135 N.W. 1 ST. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MUSE, LAZARO 121 S.W. 72ND AVENUE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRRG CRUZ, YOEL 16041 S.W. 110 STREET MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000432545
 02/23/06-80073-003 50.00

DO NOT WRITE IN THIS SPACE

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:  **02/08/06 (305) 649-7184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #