

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000063773

1. Entity Name

SOMBRERO BEACH PARTNERS, LLC



Principal Place of Business

**25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042**

Mailing Address

**25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042**



04252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4286205

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSASCO, PETER
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042**

**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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ROSASCO, PETER
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
VICKERY, BRIAN K
25000 OVERSEAS HWY., SUITE 1
SUMMERLAND KEY, FL 33042**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

0000000541341
05/10/06-80055-016 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:

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

Date

Daytime Phone #

Peter Rosasco **Peter Rosasco** **4-25-6** **305-745-4077**