


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90045 034 \*\*\*\*50.00

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| <b>DOCUMENT # L04000064615</b>  |   |  |   |    |   |
| <b>1. Entity Name</b><br>ROLANDO CABRERA, LLC   |   |  |   |   |   |
| <b>Principal Place of Business</b><br>2774 SAIRBROOK STREET<br>NORTH PORT, FL 34287   |   |  | <b>Mailing Address</b><br>2774 SAIRBROOK STREET<br>NORTH PORT, FL 34287 |   |   |
| <b>2. Principal Place of Business</b><br>5498 CORNSILK TER<br>Suite, Apt. #, etc.<br>North Port<br>City & State<br>Florida<br>Zip<br>34286<br>Country<br>U.S.A  |   | <b>3. Mailing Address</b><br>Same - 5498<br>Suite, Apt. #, etc.<br>CORNSILK TER<br>City & State<br>North Port FL<br>Zip<br>34286<br>Country<br>U.S.A |   |   |   |
| 04112006    Chg-LLC    CR2E083 (11/05)  |   | <b>4. FEI Number</b><br>73-1726954   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |   |  |   | <b>6. Name and Address of Current Registered Agent</b><br>CABRERA, ROLANDO<br>2774 FAIRBROOK ST<br>NORTH PORT, FL 34287   |   |
| <b>7. Name and Address of New Registered Agent</b><br>Name: Rolando Cabrera, LLC<br>Street Address (P.O. Box Number is Not Acceptable): 5498 CORNSILK TER<br>City: North Port<br>State: FL    Zip Code: 34286   |   |  |   | <b>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.</b><br>SIGNATURE:  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006   |   | Make check payable to<br>Florida Department of State   |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>CABRERA, ROLANDO<br>2774 FAIRBROOK ST<br>NORTH PORT, FL 34287 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| <b>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.</b> |   |  |   |   |   |
| <b>SIGNATURE:</b>    |   |  |   | Date: 4-20-06    Daytime Phone #:   |   |