

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90022 025 \*\*\*\*50.00

<b>DOCUMENT # L04000068083</b>					
<b>1. Entity Name</b> MESQUITA MANAGEMENT, LLC					
<b>Principal Place of Business</b> 22672 PICKEREL CIRCLE BOCA RATON, FL 33428 US			<b>Mailing Address</b> 22672 PICKEREL CIRCLE BOCA RATON, FL 33428 US		
<b>2. Principal Place of Business</b> 23038 Sandalfoot Plaza Suite, Apt. #, etc. DP.		<b>3. Mailing Address</b> 23038 Sandalfoot Plaza Dr. Suite, Apt. #, etc.			
<b>City &amp; State</b> Boca Raton, FL. Zip 33428 Country U.S.A.		<b>City &amp; State</b> Boca Raton, FL. Zip 33428 Country U.S.A.		<b>4. FEI Number</b> 20-2580727	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON, FL 33428			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 21722 Fall River Dr. City Boca Raton FL Zip Code 33428		
<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>					
SIGNATURE (NOTE: Registered Agent signature required when reinstating)			DATE 4-26-06		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESQUITA, MARIO 21722 FALL RIVER DRIVE BOCA RATON, FL. 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARLINI, NATASHA 22672 PICKEREL CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARLINI, NATASHA 21722 FALL RIVER DRIVE BOCA RATON, FL. 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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>					
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 4-26-06 (561) 305-4664		