




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90011 016 ****50.00

DOCUMENT # L04000068422					
1. Entity Name MONTERO & PINEDA LLC					
Principal Place of Business 901 S. PARK RD. APT. 209 HOLLYWOOD, FL 33021			Mailing Address 901 S. PARK RD. APT. 209 HOLLYWOOD, FL 33021		
2. Principal Place of Business 15461 TURNBULL DR. Suite, Apt. #, etc. N/A		3. Mailing Address 15461 TURNBULL DR. Suite, Apt. #, etc. N/A			
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL		4. FEI Number 34-2019410	
Zip 33014		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTERO, DAVID 901 S. PARK RD. APT. 209 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name: MONTERO, DAVID Street Address (P.O. Box Number is Not Acceptable): 15461 TURNBULL DR. City: MIAMI LAKES, FL Zip Code: 33014		
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: 03-22-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONTERO, DAVID 901 S. PARK RD. APT. 209 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	15461 TURNBULL DR. MIAMI LAKES, FL, 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PINEDA, AURA 901 S. PARK RD. APT. 209 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	15461 TURNBULL DR. MIAMI LAKES, FL, 33014
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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: 				03-22-06 (954) 655-8962	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	