2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L04000069363

Entity Name: SANFED LLC

Current Principal Place of Business:

170 OCEAN DRIVE, APT. 509
KEY BISCAYNE, FL 33149

New Principal Place of Business:

170 OCEAN LANE DRIVE, APT. 509
KEY BISCAYNE, FL 33149

Current Mailing Address:

170 OCEAN DRIVE, APT. 509
KEY BISCAYNE, FL 33149

New Mailing Address:

170 OCEAN LANE DRIVE, APT. 509
KEY BISCAYNE, FL 33149

FEI Number: 65-1237398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIZABETH F. CALVO, P.A.
328 CRANDON BLVD., SUITE 226
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MUNIZ, JAVIER
Address: 170 OCEAN DRIVE, APT. 509
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MUNIZ, JAVIER
Address: 170 OCEAN LANE DRIVE, APT. 509
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Change (X) Addition
Name: LAGUNA, MARIA EUGENIA
Address: 170 OCEAN LANE DRIVE, APT. 509
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAVIER MUNIZ MGR 02/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date