2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072770

4717 WATKINS AVE

SARASOTA, FL 34233

Address:

City-St-Zip:

Entity Name: JULIO CESAR PASSOS DA SILVA SR., LLC

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4717 WATKINS AVE SARASOTA, FL 34233 **Current Mailing Address: New Mailing Address:** 4717 WATKINS AVE SARASOTA, FL 34233 FEI Number: 34-2017208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DA SILVA, JULIO CESAR P SR 4717 WATKINS AVE SARASOTA, FL 34233 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DA SILVA, JULIO CESAR P SR Name: Name: 4717 WATKINS AVE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: Title: MGR () Delete Title: MGRM (X) Change () Addition DA SILVA, JULIO CESAR P JR Name: DA SILVA, JULIO CESAR P JR Name: Address: 4717 WATKINS AVE Address: 4717 WATKINS AVE City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233 Title: MGR () Delete Title: MGRM (X) Change () Addition SILVA, CARLOS SILVA, CARLOS Name: Name: 4717 WATKINS AVE 4717 WATKINS AVE Address: Address: City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233 Title: ST () Delete Title: MGRM (X) Change () Addition Name: HURTADO, LEON Name: HURTADO, LEON Address: 2761 FEIFFER CIR Address: 2761 FEIFFER CIR City-St-Zip: SARASOTA, FL 34235 City-St-Zip: SARASOTA, FL 34235 Title: (X) Delete Title: () Change () Addition TONETA, ALFREDO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JULIO CESAR P DA SILVA SR MGRM