


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90049 034 ***150.00

DOCUMENT # L04000074729	
1. Entity Name MACHADO GARCIA-SERRA LLC	

Principal Place of Business 2725 SW 3RD AVE MIAMI, FL 33129	Mailing Address 2725 SW 3RD AVE MIAMI, FL 33129
---	---

2. Principal Place of Business 1500 DOUGLAS ROAD	3. Mailing Address 1500 DOUGLAS ROAD
Suite, Apt. #, etc. 230	Suite, Apt. #, etc. 230
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134	Country USA



01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1767465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA-SERRA, ALBERTO 2727 SW 3RD AVE MIAMI, FL 33129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 DOUGLAS ROAD #230 City CORAL GABLES FL Zip Code 33134
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	CEO MCAHADO, MANUEL E 2725 SW 3RD AVE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1500 DOUGLAS ROAD #230 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARCIA-SERRA, ALBERTO 2725 SW 3RD AVE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1500 DOUGLAS ROAD #230 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ALCANTARA-DIAZ, GABRIELA 2725 SW 3RD AVE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1500 DOUGLAS ROAD #230 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #