

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

06-28-2006 90096 028 ***150.00

DOCUMENT # L04000079953			
1. Entity Name CARMEN BUITRAGO INTERIOR DESIGN, LLC			
Principal Place of Business 1110 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131		Mailing Address 1110 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131	
2. Principal Place of Business 1110 Brickell Avenue Suite, Apt. #, etc. 810 City & State Miami, FL Zip 33131 Country USA		3. Mailing Address 1110 Brickell Avenue Suite, Apt. #, etc. 810 City & State Miami, FL Zip 33131 Country USA	
4. FEI Number 20-1957429		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 SERRONE, ROBERT A ESQ 2200 N COMMERCE PARKWAY, SUITE 206 WESTON, FL 33326		7. Name and Address of New Registered Agent Name Fernan Rodriguez Street Address (P.O. Box Number is Not Acceptable) 2665 South Bayshore Drive Suite 703 City Miami, FL Zip Code 33133	
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 <u>Fernan Rodriguez</u> DATE <u>06/15/06</u> <small>Signature, typed or printed name of registered agent and use 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 BUITRAGO, CARMEN 1110 BRICKELL AVENUE, SUITE 810 MIAMI, FL 33131	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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: <u>Carmen Buitrago</u>		Date <u>06/15/06</u> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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