

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088750

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** PICADILLY HOLDINGS, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1978243

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF S. FLORIDA INC.  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: GUILLERMO, NIETO  
Address: CALLE 110-A NO. 4-48, INT. 1  
City-St-Zip: BOGOTA, CO

Title: MGRM ( ) Delete  
Name: LANCHEROS, ADRIANA  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUILLERMO NIETO

MGRM

04/28/2006

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