

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093415

FILED
Apr 25, 2006
Secretary of State

Entity Name: SOCARRAS & ASSOCIATES, LLC

Current Principal Place of Business:

3617 PERSHING AVENUE
ORLANDO, FL 32812 US

New Principal Place of Business:

2976 ST. GEORGE STREET
ORLANDO, FL 32814 US

Current Mailing Address:

3617 PERSHING AVENUE
ORLANDO, FL 32812 US

New Mailing Address:

2976 ST. GEORGE STREET
ORLANDO, FL 32814 US

FEI Number: 20-2053430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOCARRAS, RAUL
233 SOUTH SEMORAN BLVD.
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

SOCARRAS, RAUL
4767 NEW BROAD STREET
ORLANDO, FL 32814 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: RAUL SOCARRAS

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOCARRAS, RAUL
Address: 3617 PERSHING AVENUE
City-St-Zip: ORLANDO, FL 32812 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOCARRAS, RAUL
Address: 4767 NEW BROAD STREET
City-St-Zip: ORLANDO, FL 32814 US

Title: MGR () Change (X) Addition
Name: SOCARRAS, EDWARD
Address: 3617 PERSHING AVENUE
City-St-Zip: ORLANDO, FL 32812 US

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: RAUL SOCARRAS

MGR

04/25/2006

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