


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90122 020 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L05000008344</b>                         |  |
| 1. Entity Name<br><b>RIGO PROPERTY MANAGEMENT, LLC</b> |   |

|  |  |
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| Principal Place of Business<br><b>4701 DISTRIBUTION CT.<br/>STE. 2<br/>ORLANDO, FL 32822</b> | Mailing Address<br><b>4701 DISTRIBUTION CT.<br/>STE. 2<br/>ORLANDO, FL 32822</b> |
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| 2. Principal Place of Business<br><b>1351 N. Goldenrod Rd.</b> | 3. Mailing Address<br><b>1351 N. Goldenrod Rd.</b> |
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|                                      |                                      |
|--------------------------------------|--------------------------------------|
| Suite, Apt. #, etc.<br><b>Ste. 8</b> | Suite, Apt. #, etc.<br><b>Ste. 8</b> |
|--------------------------------------|--------------------------------------|

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>Orlando, FL</b> | City & State<br><b>Orlando, FL</b> |
|------------------------------------|------------------------------------|

|                     |                      |                     |                      |
|---------------------|----------------------|---------------------|----------------------|
| Zip<br><b>32807</b> | Country<br><b>US</b> | Zip<br><b>32807</b> | Country<br><b>US</b> |
|---------------------|----------------------|---------------------|----------------------|

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|---|--|
| 07102006 Chg-LLC CR2E083 (11/05)  |  |
| 4. FEI Number<br><b>20.2228456</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>CABRERA, RIGOBERTO<br/>2926 SUMMER SWAM DR.<br/>ORLANDO, FL 32825</b> |  |
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|  |  |
|--|--|
| 7. Name and Address of New Registered Agent        |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable) |  |
| City <b>FL</b> Zip Code                            |  |

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 _____ |
|-----------------|--|------------|

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| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CABRERA, RIGOBERTO<br>2926 SUMMER SWAM DR.<br>ORLANDO, FL 32825 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V.P.<br>Perez Ingrid S.<br>2926 Summer Swam Dr.<br>Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RIGO TILE & MARBLE EXPERTS, INC.<br>5121 E. COLONIAL DR., STE C<br>ORLANDO, FL 32803 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Rigo Cabrera</u>  | Date <u>8/2/06</u> | Daytime Phone # <u>407-271-3000</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                    |                                     |