

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010129

Entity Name: SARRIA INVESTMENT GROUP, LLC

FILED  
Mar 22, 2006  
Secretary of State

**Current Principal Place of Business:**

925 NW 197TH TERR  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

925 NW 197TH TERR  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 20-2346788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SARRIA, NORA E  
925 NW 197TH TERR  
PEMBROKE PINES, FL 33029 US

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

SARRIA, KARLA L  
925 NW 197TH TERR  
PEMBROKE PINES, FL 33029 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: KARLA SARRIA

03/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SARRIA, KARLA L  
Address: 925 NW 197TH TERR  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Delete  
Name: SARRIA, NORA E  
Address: 925 NW 197TH TERR  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SARRIA, KARLA L  
Address: 925 NW 197TH TERR  
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: KARLA L. SARRIA

MGR

03/22/2006

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