

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 29, 2007 8:00 am
Secretary of State

06-29-2007 90025 001 ****55.00

DOCUMENT # **L05000016937**

1. Entity Name

SKANGRI-LA HOLDINGS, LLC



DO NOT WRITE IN THIS SPACE

40122275

2. Principal Place of Business

3620 SW 18 TER

Suite, Apt. #, etc.

3. Mailing Address

3620 SW 18 TER

Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MARCOS A. GALIGARCIA

Street Address (P.O. Box Number is Not Acceptable)

3620 SW 18 TERRACE

City

MIAMI

FL

Zip Code

33145

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE **MANAGER**
NAME **MARCOS A. GALIGARCIA**
STREET ADDRESS **3620 SW 18 TER**
CITY-ST-ZIP **MIAMI, FL 33145**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **MARCOS A. GALIGARCIA** **MARCOS A. GALIGARCIA** **6/27/07** **786 229 4651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #