
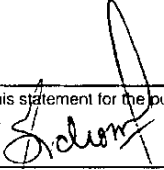
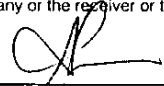


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 004 \*\*\*\*50.00

<b>DOCUMENT # L05000019165</b> 1. Entity Name <b>SANTI LLC</b>					
Principal Place of Business <b>18206 COLLINS AVENUE SUNNY ISLES, FL 33160</b>			Mailing Address <b>18206 COLLINS AVENUE SUNNY ISLES, FL 33160</b>		
2. Principal Place of Business		3. Mailing Address <b>20301 W COUNTRY CLUB DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>2022</b>			
City & State		City & State <b>AVENTURA, FL</b>			
Zip	Country	Zip <b>33180</b>	Country <b>US</b>	4. FEI Number <b>20-2939325</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEJTIAR, MARCELA 18206 COLLINS AVENUE SUNNY ISLES, FL 33160</b>			7. Name and Address of New Registered Agent Name <b>SCHOR ELIANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>20301 W COUNTRY CLUB DR. # 2022</b> City <b>AVENTURA</b> <b>FL</b> Zip Code <b>33180</b>		
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  DATE <b>04/18/06</b>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ALBERTO LABOVSKY, BENITO 18206 COLLINS AVENUE SUNNY ISLES, FL 33160</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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:  <b>LABOVSKY ALBERTO</b> DATE <b>04/18/06</b>					
Signature and typed or printed name of signing managing member, manager, or authorized representative					