
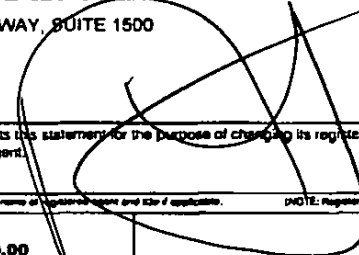



FILED
Mar 14, 2006 8:00 am
Secretary of State

01-24-2006 90042 043 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000019403			
1. Entity Name SYNTO JADE 1401, LLC			
Principal Place of Business 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 C/O FRANK SEGREDO MIAMI, FL 33156		Mailing Address 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 C/O FRANK SEGREDO MIAMI, FL 33156	
2. Principal Place of Business 1500 San Remo Avenue		3. Mailing Address 1500 San Remo Ave.	
Suite, Apt. #, etc. 248		Suite, Apt. #, etc. 248	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33146	Country USA	Zip 33146	Country USA
4. FEI Number 01032008 Chg-LLC CR2E083 (11/05)		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SEGREDO, FRANK J 9350 SOUTH DIXIE HIGHWAY, SUITE 1500 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Bared, Pablo Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave. Suite 248 City Coral Gables FL Zip Code 33146	
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 1/3/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when removing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR VILLARREAL, ARTURO 9559 COLLINS AVENUE, UNIT 409 SURFSIDE, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Mgr. Villareal, Arturo 1500 San Remo Avenue, Suite 248 Coral Gables, FL 33146	<input checked="" 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 Member/ Manager Showaki, Alberto 1500 San Remo Avenue, Suite 248 Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" 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: 		Alberto Showaki, Member 1/3/06	
<small>SIGNATURE AND TYPE OF AUTHORIZED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



ATTACHMENT

30002418

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

SYNTO JADE 1401, LLC
1500 SAN REMO AVE
SUITE 248
MIAMI, FL 33146

Subject: SYNTO JADE 1401, LLC

Reference Number: L05000019403

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT

30002418

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

SYNTO JADE 1401, LLC
1500 SAN REMO AVENUE
248
MIAMI, FL 33146

Subject: SYNTO JADE 1401, LLC

Reference Number: L05000019403

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/CD

ANNUAL REPORTS SECTION