

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



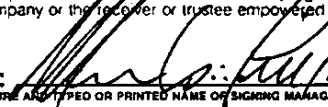
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FILED
Aug 04, 2006 8:00 am
Secretary of State

07-05-2006 90104 035 ****55.00



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000019509			
1. Entity Name HACIENDA SAN IGNACIO, LLC			
Principal Place of Business 18600 SW 7 STREET PEMBROKE PINES FL 33029		Mailing Address 18600 SW 7 STREET PEMBROKE PINES FL 33029	
2. Principal Place of Business 18600 SW 7 STREET Suite, Apt. #, etc.		3. Mailing Address P.O. Box 824011 Suite, Apt. #, etc.	
City & State PEMBROKE PINES FL		City & State SOUTH FLORIDA, FL	
Zip 33029	Country U.S.A	Zip 33082	Country U.S.A
4. FEI Number 26-0113552		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PALACIOS, ALFREDO H 18600 SW 7 STREET PEMBROKE PINES FL 33029		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reconstituting)</small> DATE _____			
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALACIOS, ALFREDO H 18600 SW 7 STREET PEMBROKE PINES FL 33029 <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	MGR PADRON-PALACIOS, ANA M 18600 SW 7 STREET PEMBROKE PINES FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADRON-PALACIOS, ANA M. 18600 SW 7 STREET PEMBROKE PINES, FL. 33029 <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	<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
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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
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		ALFREDO H. PALACIOS MGR 2006 JUNE 20 954 4303838 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Disting Phone #</small>	



ATTACHMENT

30012494

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2006

HACIENDA SAN IGNACIO, LLC
PO BOX 824011
PEMBROKE PINES, FL 33082

Subject: HACIENDA SAN IGNACIO, LLC

Reference Number: L05000019509

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

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.

/SJ

ANNUAL REPORTS SECTION

060801: I AM SENDING YOU BACK THE COPY THAT YOU REQUESTED
WITH THE COMPLETE INFORMATION YOU NEED.
FOR THE ATTENTION TO THIS INQUIRY I WOULD APPRECIATE
YOUR RESPONSE. THANK YOU

P.O. BOX 6478 - Tallahassee, Florida 32314