


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90038 029 \*\*\*\*50.00

**DOCUMENT # L05000019752**

1. Entity Name  
**SYNTO JADE 3605, LLC**



Principal Place of Business Mailing Address

C/O FRANK J. SEGREDO, ESQ.  
 9350 SOUTH DIXIE HIGHWAY, SUITE 1500  
 MIAMI, FL 33156

C/O FRANK J. SEGREDO, ESQ.  
 9350 SOUTH DIXIE HIGHWAY, SUITE 1500  
 MIAMI, FL 33156

2. Principal Place of Business 3. Mailing Address

*C/O Bared & Assoc PA* *C/O Bared & Assoc PA*

Suite, Apt. #, etc. Suite, Apt. #, etc.

*1500 San Remo Ave #248* *1500 San Remo Ave #248*

City & State City & State

*Orlando Bables, FL* *Orlando Bables, FL*

Zip Country Zip Country

*33146 USA* *33146 USA*



01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGREDO, FRANK J ESQ  
 9350 SOUTH DIXIE HIGHWAY, SUITE 1500  
 MIAMI, FL 33156

Name *Pablo R. Bared, Esq.*

Street Address (B.O. Box Number is Not Acceptable)  
*1500 San Remo Ave*

*Suite 248*

City *Orlando Bables 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 *[Signature]* DATE *1/5/05*

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<i>MGR</i> <i>Villarreal, Arturo</i> <i>1500 San Remo Ave #248</i> <i>Orlando Bables, FL 33146</i> <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	<i>member MGR</i> <i>Mario Castro</i> <i>1500 San Remo Ave #248</i> <i>Orlando Bables, FL 33146</i> <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
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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

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: *M. Castro* *Member* *1/4/05 3056666010*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #