

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90031 003 ****50.00

20033474



DOCUMENT # L05000022772 1. Entity Name LINDA ROTH-CORTINA LLC			
Principal Place of Business 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134 US		Mailing Address 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134 US	
2. Principal Place of Business <i>55 Miracle Mile</i> Suite, Apt. #, etc. <i>#310</i>		3. Mailing Address <i>55 Miracle Mile</i> Suite, Apt. #, etc. <i>#310</i>	
City & State <i>Coral Gables FL</i>		City & State <i>Coral Gables FL</i>	
Zip <i>33134</i> Country <i>USA</i>		Zip <i>33134</i> Country <i>USA</i>	
4. FEI Number 04172006 Chg-LLC CR2E083 (11/05)		<input checked="" type="checkbox"/> Applied For <input 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 ROTH-CORTINA, LINDA 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>55 Miracle Mile</i> <i>#310</i> <i>Coral Gables FL</i> Zip Code <i>33134</i>	
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 <i>[Signature]</i> DATE <i>4/17/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	MGRM ROTH-CORTINA, LINDA 2121 PONCE DE LEON BOULEVARD SUITE 505 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>55 Miracle Mile #310</i> <i>Coral Gables FL 33134</i>
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 <i>[Signature]</i>		SIGNATURE <i>Linda Roth-Cortina</i> Date <i>4/17/06</i> Daytime Phone # <i>305-774-7070</i>	