

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

05-01-2006 90040 008 ****55.00

DOCUMENT # L05000026171 1. Entity Name VEGA TRUST ASSOCIATES, LLC																							
Principal Place of Business 11405 NW 138TH ST MIAMI, FL 33178			Mailing Address 11405 NW 138TH ST MIAMI, FL 33178																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Zip Country		City & State Zip Country		4. FEI Number Applied For 04052006 Chg-LLC CR2E083 (11/05) ☒ Not Applicable																			
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIR, STE 601 CORAL GABLES, FL 33134																			
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	STREET ADDRESS			CITY-ST-ZIP			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change ☐ Addition ☒</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MANAGER EMILIO R. VEGA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>11405 N.W. 138 ST. MIAMI, FL 33178</td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☒	STREET ADDRESS	MANAGER EMILIO R. VEGA		CITY-ST-ZIP	11405 N.W. 138 ST. MIAMI, FL 33178	
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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 Date 4/19/06 Deponent Phone # 305-556-6695																							