

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028075

FILED
Apr 11, 2006
Secretary of State

Entity Name: FERNANDO D. CORTES, LLC

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 501
CORAL GABLES, FL 33134 US

Current Mailing Address:

299 ALHAMBRA CIRCLE
SUITE 501
CORAL GABLES, FL 33134 US

New Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 506
CORAL GABLES, FL 33134 US

New Mailing Address:

520 BRICKELL KEY DRIVE
APT. 704
MIAMI, FL 33131 US

FEI Number: 20-2741644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, FERNANDO D
299 ALHAMBRA CIRCLE
SUITE 501
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CORTES, FERNANDO D
299 ALHAMBRA CIRCLE
SUITE 506
CORAL GABLES, FL 33134 US

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.

SIGNATURE: FERNANDO D. CORTES

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORTES, FERNANDO D
Address: 299 ALHAMBRA CIRCLE SUITE # 501
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: CORTES, LOURDES
Address: 299 ALHAMBRA CIRCLE SUITE # 501
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CORTES, FERNANDO D
Address: 299 ALHAMBRA CIRCLE SUITE # 506
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR (X) Change () Addition
Name: CORTES, LOURDES
Address: 299 ALHAMBRA CIRCLE SUITE # 506
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FERNANDO D. CORTES

MGR

04/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date