
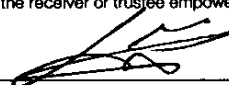


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90057 029 ****50.00

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|--|--|---|---|---|--|
| DOCUMENT # L05000029204 1. Entity Name RUCA PROPERTIES INVESTMENTS L.L.C. | | | |  | |
| Principal Place of Business 7809 WEST COMMERCIAL BLVD. TAMARAC, FL 33351 | | | Mailing Address 7809 WEST COMMERCIAL BLVD. TAMARAC, FL 33351 | | |
| 2. Principal Place of Business | | 3. Mailing Address 5944 CORAL RIDGE DR | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. # 205 | | | |
| City & State | | City & State CORAL SPRINGS, FL | | 4. FEI Number 20-4486755 | |
| Zip | | Country 33076 USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ABADIE, JUAN P 5944 CORAL RIDGE DRIVE 205 CORAL SPRINGS, FL 33076 | | | 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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 | MGR FRAZZETTA, RUBEN O 7809 WEST COMMERCIAL BLVD. TAMARAC, FL 33351 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MARTINEZ, CARLOS A 7809 WEST COMMERCIAL BLVD. TAMARAC, FL 33351 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARREIRA, RUBEN 7809 WEST COMMERCIAL BLVD TAMARAC, FL 33351 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR COIRA, CARLOS A 7809 WEST COMMERCIAL BLVD TAMARAC, FL 33351 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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:  CARLOS A. COIRA 3/31/06 9547208222 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |