



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90178 043 ****50.00

DOCUMENT # L05000043261 1. Entity Name MARIA F. SANTOS, LLC					
Principal Place of Business 1483 WEST BEXLEY PARK DRIVE DELRAY BEACH, FL 33445			Mailing Address 1483 W BERLEY PARK DR DELRAY BEACH, FL 33445		
2. Principal Place of Business - No P.O. Box # 6423 NW Verdi Court Suite, Apt. #, etc. Port St. Lucie, FL City & State		3. Mailing Address 6423 NW Verdi Court Suite, Apt. #, etc. Port St. Lucie City & State FL			
Zip 34986		Country USA		05142007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 32-2459608		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 SANTOS, MARIA F 1483 WEST BEXLEY PARK DRIVE DELRAY BEACH, FL 33445	
7. Name and Address of New Registered Agent Name Maria Santos Street Address (P.O. Box Number is Not Acceptable) 6423 NW Verdi Court City Port St. Lucie FL Zip Code 34986				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 Maria Santos DATE 05-20-2007 <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 September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANTOS, MARIA F 1483 WEST BEXLEY PARK DRIVE DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Maria Santos 6423 NW Verdi Court Port St. Lucie, FL 34986	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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: Maria Santos <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 05-20-2007 Daytime Phone # 561-577-0858		