



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 11, 2006 8:00 am
Secretary of State

04-17-2006 90039 004 ****50.00

DOCUMENT # L05000046514					
1. Entity Name NUEVA CARAMBOLA, LLC					
Principal Place of Business 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130		Mailing Address 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-4046561				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREED, OWEN S 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	MGRM	
NAME		NAME		BIOCCHI, FRANCO JR.	
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	781 CRANDON BOULEVARD, UNIT 801	
CITY-ST-ZIP		CITY-ST-ZIP		KEY BISCAVNE, FL. 33149	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	MGRM	
NAME		NAME		GUARDAZZI, FERNANDO	
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	781 CRANDON BOULEVARD, UNIT 701	
CITY-ST-ZIP		CITY-ST-ZIP		KEY BISCAVNE, FL 33149	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	S	
NAME		NAME		OWEN S. FREED	
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	150 WEST FLAGLER ST, STE 2200	
CITY-ST-ZIP		CITY-ST-ZIP		MIAMI, FL 33130	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		OWEN S. FREED		4-14-06 305-789-3456	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	