

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049064

**FILED**  
**Mar 31, 2006**  
**Secretary of State**

**Entity Name:** AIDA L. CABELLO-COLON, L.L.C.

**Current Principal Place of Business:**

13024 MARSH FERN DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781269  
ORLANDO, FL 32878

**New Mailing Address:**

**FEI Number:** 84-1679839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABELLO-COLON, AIDA L ESQ.  
13024 MARSH FERN DRIVE  
ORLANDO, FL FL US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CABELLO-COLON, AIDA L  
**Address:** 13024 MARSH FERN DRIVE  
**City-St-Zip:** ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** AIDA L. CABELLO-COLON

MGRM

03/31/2006

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