2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

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Entity Name: ALVAREZ, ARMAS & BORRON, L.L.C.

Current Principal Place of Business:

901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORRON, JORGE C
901 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33134 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:	MGR ( ) Delete
Name:	BORRON, JORGE C
Address:	901 PONCE DE LEON BLVD.
City-St-Zip:	CORAL GABLES, FL 33134
Title:	MGR ( ) Delete
Name:	ALVAREZ, ARTURO
Address:	901 PONCE DE LEON BLVD.
City-St-Zip:	CORAL GABLES, FL 33134
Title:	MGR ( ) Delete
Name:	ARMES, J.A.
Address:	901 PONCE DE LEON BLVD.
City-St-Zip:	CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGR (X) Change ( ) Addition
Name:	ARMAS, J.A.
Address:	901 PONCE DE LEON BLVD.
City-St-Zip:	CORAL GABLES, FL 33134

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: J. A. ARMAS MGRM 03/02/2006

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