


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90110 004 ****50.00

DOCUMENT # L05000052925	
1. Entity Name RICARDO 47, L.L.C.	

Principal Place of Business 10556 N.W. 26TH STREET, D-101 DORAL, FL 33172	Mailing Address 10556 N.W. 26TH STREET, D-101 DORAL, FL 33172
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2. Principal Place of Business 10544 NW 26 St. Suite, Apt. #, etc. E 202	3. Mailing Address 10544 NW 26 St. Suite, Apt. #, etc. E 202
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City & State Doral, FL	City & State Doral, FL	4. FEI Number* 20-2909596	Applied For <input type="checkbox"/> Not Applicable
Zip 33172	Country U.S.A.	Zip 33172	Country U.S.A.



08032006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent CABANAS & ASSOCIATES, P.A. 10520 N.W. 26TH STREET, C-201 DORAL, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

Filing Fee is \$50.00 Due by September 6, 2006 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHEVERRIA, RICARDO 7102 N.W. 112 COURT DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Echeverria, Ricardo 10544 NW 26 St. - E202 Doral, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHEVERRIA, YVETTA ALAM 7102 N.W. 112 COURT DORAL, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUIGI 47, LLC 10544 NW 26 St. - E202 Doral, FL 33172 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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: Joseph F. Cabanas Date: 08/03/06 (305) 5941098

Joseph F. Cabanas