2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000056558

1. Entity Name ROLANDO BUITRON L.L.C.



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

411 - 5TH STREET WIMAUMA, FL 33598 Mailing Address

P.O. BOX 624

WIMAUMA, FL 33598-0624



03242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 31-1669987 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

Da!e

6. Name and Address of Current Registered Agent

BUITRON, ROLANDO 411 - 5TH STREET WIMAUMA, FL 33598

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee Is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUITRON, ROLANDO P.O. BOX 624 WIMAUMA, FL 335980624		U00000734973 05/10/07-80015-007 55.00
NAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 resource of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

IGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE