

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059240

Entity Name: ZUBIETA, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

12975 S.W. 6TH STREET
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

12975 S.W. 6TH STREET
MIAMI, FL 33184

New Mailing Address:

FEI Number: 35-2256630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ-ZUBIETA, CAROL L
12975 S.W. 6TH STREET
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

DIAZ-ZUBIETA, CAROL L AGENT
10380 S.W. 97 ST
MIAMI, FL 33176 US

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: CAROL DIAZ-ZUBIETA

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: DIAZ, MARIBEL Z
Address: 9800 S.W. 85 AVE
City-St-Zip: MIAMI, FL 33156

Title: D () Change (X) Addition
Name: DIAZ-ZUBIETA, CAROL L
Address: 10380 S.W. 97 ST
City-St-Zip: MIAMI, FL 33176

Title: D () Change (X) Addition
Name: DIAZ-ZUBIETA, ANA L
Address: 10380 S.W. 97 ST
City-St-Zip: MIAMI, FL 33176

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: CAROL DIAZ-ZUBIETA

RA

01/11/2006

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