

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90042 025 ****50.00

20043176



05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4678100** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JOSE A JR.
12568 N. KENDALL DRIVE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4/28/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MARTINEZ, JOSE A JR.
STREET ADDRESS 12568 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGRM ☐ Delete
NAME MARTINEZ, JOSE SR.
STREET ADDRESS 12568 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

JOSE MARTINEZ 4/28/06 (305) 273-3000