


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90228 008 \*\*\*\*50.00

<b>DOCUMENT # L05000062251</b>	
1. Entity Name <b>AMADOR &amp; PERKULL LLC</b>	

Principal Place of Business <b>400 ALTON ROAD UNIT 611 MIAMI BEACH, FL 33139</b>	Mailing Address <b>400 ALTON ROAD UNIT 611 MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00000000



01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For
<i>Apply For</i>	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>SAAVEDRA, JOSE A 5975 SUNSET DRIVE SUITE 504 MIAMI, FL 33143</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

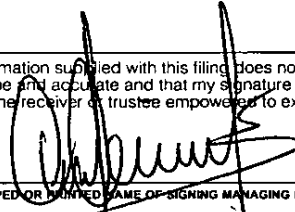
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

<b>SIGNATURE:</b> 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

**ATTACHMENT**  
20009893



**Division of Corporations**

**2006 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.**

This information cannot be changed on the report.	
Document Number	L05000062251
Business Entity Name	AMADOR & PERKULL LLC
Original File Date	06/23/2005

FEI Number

Principal Address 400 ALTON ROAD  
UNIT 611  
MIAMI BEACH, FL 33139

Mailing Address 400 ALTON ROAD  
UNIT 611  
MIAMI BEACH, FL 33139

Registered Agent JOSE A SAAVEDRA  
5975 SUNSET DRIVE  
SUITE 504  
MIAMI, FL 33143 US

**Managing Member/Manager Name And Address**

MGRM  
ALEJANDRO AMADOR  
400 ALTON ROAD, UNIT 611  
MIAMI BEACH, FL 33139

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