## `..2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 01, 2006 8:00 am DOCUMENT # L05000066561 **Secretary of State** 1. Entity Name 03-01-2006 90223 044 \*\*\*\*55.00 218 LLC Principal Place of Business Mailing Address P.O. BOX 14-1933 CORAL GABLES FL 33114 520 HARBOR DRIVE KEY BISCAYNE FL 33149 - 1707 2. Principal Place of Business 3. Mailing Address 520 HARBOR DRIVE Suite Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State 56-2521721 KEY BISCAYNE - FLORIDA Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33149-1707 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARRAZANA, ENRIQUE A Street Address (P.O. Box Number is Not Acceptable) **520 HARBOR DRIVE** KEY BISCAYNE FL 33149 -1707 Zip Code 33149-170 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 critical name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES TITLE **MGRM** TITLE Addition ☐ Delete NAME CARRAZANA, ALICIA M. NAME Μ. STREET ADDRESS STREET ADDRESS 520 HARBOR DRIVE CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** HITE MGRM ☐ Delete TITLE Change ■ Addition CARRAZANA, ENRIQUE A STREET ADDRESS STREET ADDRESS 520 HARBOR DRIVE CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME CARRAZANA, ENRIQUE J NAME STREET ADDRESS STREET ADDRESS 520 HARBOR DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Delete TITLE TITLE Change ☐ Addition CARRAZANA, MARIA D NAME STREET ADDRESS 520 HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 Section 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 Statules.

FEBRUARY 03,

2006.-

<u>361-2645</u>

ICPA M. CARRAZANA-

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

SIGNATURE:

**FILED**