

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069174

FILED  
Jan 23, 2006  
Secretary of State

**Entity Name:** ROGAR MANAGEMENT & CONSULTING OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

C/O JAVIER RODRIGUEZ  
8300 N.W. 53RD STREET, SUITE 300  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JAVIER RODRIGUEZ  
8300 N.W. 53RD STREET, SUITE 300  
DORAL, FL 33166

**New Mailing Address:**

**FEI Number:** 74-3148751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARALSON, PAUL  
BERMUDEZ, HARALSON & TOME, LLP  
8300 N.W. 33 AVENUE, SUITE 300  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RODRIGUEZ, JAVIER  
Address: 8300 N.W. 53RD STREET, SUITE 300  
City-St-Zip: DORAL, FL 33166

Title: MGR ( ) Delete  
Name: GARCIA, JOSE G  
Address: 8300 N.W. 53RD STREET, SUITE 300  
City-St-Zip: DORAL, FL 33166

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** JOSE GARCIA

MANA

01/23/2006

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