


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000069174</b> 1. Entity Name <b>ROGAR MANAGEMENT &amp; CONSULTING OF FLORIDA, L.L.C.</b>	
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Principal Place of Business <b>12181 SW 131 AVE. MIAMI, FL 33186</b>	Mailing Address <b>12181 SW 131 AVE. MIAMI, FL 33186</b>
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**DO NOT WRITE IN THIS SPACE**



02012007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>74-3148751</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HARALSON, PAUL BERMUDEZ, HARALSON &amp; TOME, LLP 8300 N.W. 33 AVENUE, SUITE 300 MIAMI, FL 33166</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

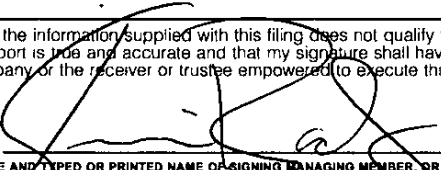
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, JAVIER 8300 N.W. 53RD STREET, SUITE 300 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, JOSE G 8300 N.W. 53RD STREET, SUITE 300 DORAL, FL 33166
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02/14/07-80011-022 55.00

**DO NOT WRITE  
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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> 	<b>2-1-07</b>	<b>786-573-1872</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>