

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070253

Entity Name: RAICEZ FESTIVAL, LLC

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

615 B- HERNDON AVENUE  
ORLANDO, FL 32803

**New Principal Place of Business:**

1801 EAST COLONIAL DRIVE  
SUITE 207  
ORLANDO, FL 32803 US

**Current Mailing Address:**

615 B- HERNDON AVENUE  
ORLANDO, FL 32803

**New Mailing Address:**

P.O. BOX 160912  
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CALZADA, RICARDO  
809 IRMA AVENUE, SUITE 3  
ORLANDO, FL 32803 US

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

CALZADA, RICARDO  
809 IRMA AVENUE  
SUITE 3  
ORLANDO, FL 32803 US

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: RICARDO CALZADA II

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAMOS, DANIEL  
Address: 615-B HERNDON AVENUE  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES:**

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: DANIEL RAMOS

MGRM

05/01/2006

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