

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073943

FILED
Jan 13, 2006
Secretary of State

Entity Name: 1918 LLC.

Current Principal Place of Business:

406 E HALLANDALE BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

406 E HALLANDALE BLVD.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERAZA, HILDA D
1850 S OCEAN DR.
UNIT 2705
HALLANDALE BEACH, FL 33009 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: P () Delete
Name: PERAZA, JULIO C
Address: 1850 S OCEAN DR. UNIT 2705
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D () Delete
Name: PERAZA, REINALDO J
Address: 7940 PERSERVE CIR UNIT 937
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: PERAZA, RICARDO J
Address: 357 ALMERIA AVE UNIT 701
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

Title: D (X) Change () Addition
Name: PERAZA, RICARDO J
Address: 2734 JACKSON ST
City-St-Zip: HOLLYWOOD, FL 33020

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: HILDA D PERAZA

VP

01/13/2006

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