2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000077572

THRÉE AMIGOS FOUR PALATKA, LLC



Mailing Address

Principal Place of Business 3857 WEST 16TH AVENUE HIALEAH, FL 33013

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

3857 WEST 16TH AVENUE HIALEAH, FL 33013

FILED Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90172 027 ****50.00



DO NOT WRITE IN THIS SPACE

01182006 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 20-3532363 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

26*28.*46£.2Œ

Daytime Phone #

6. Name and Address of Current Registered Agent

LARREA & ORTEGA 150 ALHAMBRA CIRCLE, SUITE 950 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

 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 printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee Is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON, MAURICIO 3857 WEST 16TH AVENUE HIALEAH, FL 33013		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE