

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077798

FILED
Apr 26, 2006
Secretary of State

Entity Name: KONARQUI WESTLAND, LLC

Current Principal Place of Business:

1675 WEST 49 ST
STE 1460
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

739 CRANDON BLVD, #301
KEY BISCAYNE, FL 33149

New Mailing Address:

1115 SE 9TH COURT
HIALEAH, FL 33010

FEI Number: 30-0329294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MARCHENA, JORGE
739 CRANDON BLVD, #301
KEY BISCAYNE, FL 33149 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: DE MARCHENA, JORGE
Address: 739 CRANDON BLVD, #301
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: MARTINEZ, MARIA L
Address: 739 CRANDON BLVD, #301
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM () Delete
Name: KONARQUI, CORP,
Address: 739 CRANDON BLVD, #301
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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

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: JORGE DE MARCHENA

MGR

04/26/2006

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