

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078016

FILED
May 04, 2006
Secretary of State

Entity Name: GARCILLA INVESTMENTS LLC

Current Principal Place of Business:

738 CAMILO AVENUE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 558865
MIAMI, FL 33255 US

New Mailing Address:

FEI Number: 20-3289429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GARCIA-ZAPATA, JAVIER SR.
P.O. BOX 558865
MIAMI, FL 33255 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: GARCIA-ZAPATA, JAVIER SR.
Address: P.O. BOX 558865
City-St-Zip: MIAMI, FL 33255 US

Title: MGRM () Delete
Name: GARCIA-LLAURADO, KATERINA
Address: P.O. BOX 558865
City-St-Zip: MIAMI, FL 33255 US

Title: MGRM () Delete
Name: GARCIA-LLAURADO, CAMILA
Address: P.O. BOX 558865
City-St-Zip: MIAMI, FL 33255 US

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: JAVIER GARCIA

MR.

05/04/2006

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