


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-06-2006 90171 004 ****50.00

DOCUMENT # L05000082871	
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1. Entity Name
TEO, LLC.

Principal Place of Business
3143 N.E. 211TH STREET
AVENTURA, FL 33180

Mailing Address
P.O. BOX 801338
AVENTURA, FL 33280

20000223



01122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3338945	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MINUCHIN, SALOMON 3143 N.E. 211TH STREET AVENTURA, FL 33180		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MINUCHIN, SALOMON 3143 N.E. 211TH STREET AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MINUCHIN, RUTH 3143 N.E. 211TH STREET AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 01-30-2005 **Daytime Phone #** 305 466 4943

ATTACHMENT

SALOMON MINUCHIN
RUTH YOLANDA KIBRICK
P.O. BOX 801338
MIAMI, FL 33280

63-478510 434
870
3185410399
Date 01-31-2006

20005223
#L05000082871

Pay to the order of DIVISION OF CORPORATIONS \$50.00


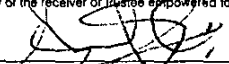

citibank Dollars

CITIBANK, F.S.B. BR. #510
1190 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

Memo TEO LLC
LIMITED LIABILITY COMPANY

067004764: 3195410399 0434

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5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
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SIGNATURE 		Date <u>01-30-2005</u> 	
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	