


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90013 044 ****50.00

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| DOCUMENT # L05000087450 |  |
| 1. Entity Name JOSE TORRES BUSINESS REALTY, LLC | |

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| Principal Place of Business 2872 47TH TERRACE S.W. NAPLES, FL 34116 | Mailing Address 2872 47TH TERRACE S.W. NAPLES, FL 34116 |
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| 2. Principal Place of Business 10011 Maddox Ln. Suite, Apt. #, etc. Apt. 201 City & State Bonita Springs Zip 34135 Country USA | 3. Mailing Address P.O. Box 2433 Suite, Apt. #, etc. City & State Bonita Springs Zip 34133 Country |
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04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3409223
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent TORRES, JOSE L. 2872 47TH TERRACE S.W. NAPLES, FL 34116 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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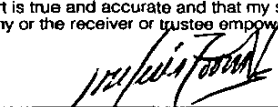
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TORRES, JOSE L. 2872 47TH TERRACE S.W. NAPLES, FL 34116 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Torres, Jose L. 10011 Maddox Ln Apt. 201 Bonita Springs FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  **04/21/2006 239-784-7487**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #