2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000091449 1. Entity Name					FILED				
SAINZ DE	EVELOPMENT LLC		1		'\ ;				
Principal Place of Purinces		Mailing Address	1.		-	2006 MAY 31	PM 2	: 08	
Principal Place of Business 3779 SW 135 AVE		Mailing Address 3779 SW 135 AVE				SECRETARY	f com .		
MIAMI, FL 33175		MIAMI, FL 33175		NV	TA	SECRETAR) LLAHASSE	UF STA E. FLOI	ATE RINA	
2. Principal Place of Business		3. Mailing Address		7					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>.</u>	05302006	Chg-LLC	CR2E06	33 (11/05)	
City & State		City & State			4. FEI Numbe			Ap	plied For
Zip Country		Žip Counti		у	5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Current	Pagistared Agent			7 Name and	Address of New F		ee Require	
	5. Name and Address of Current	redistered where		Name	7, Maille aiki	Address of New F	togistored A	gont	
SAINZ, JUAN C				Street Address (P.O. Box Number is Not Acceptable)					
3779 SW 1 MIAMI, FL		Street Address			(P.O. Box Number is Not Acceptable)				
	_		City			FL	Zip Code	e	
8. The above named entity submits this statement for the purpose of changing its registers				d office or registe	ared agent or bot	h in the State of Flo		amiliar with	and accort
	ions of registered apert.	the pulpose of changing its in	eysteret	d office of registe	ereu agem, ur but	in, in the state of the	onoa. Tami	arrimar willi,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE:	: Registered	Agent aignature require	ed when reinstating)		DATE	-	
Filing Fee is \$50.00 Due by September 6, 2006							e check pa a Departme	-	•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	MGR	☐ Delete	TITLE				,	☐ Change	☐ Addition
NAME	SAINZ, JUAN C		NAME						
STREET ADORESS	3779 SW 135 AVE			T ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33175		-	ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	1				☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS	7	00076	:195	917	
CITY-ST-ZIP			CITY-	ST-ZIP	96/1	4/060102	1-029	**50	.00
TITLE		☐ Delete	TITLE	ĺ				Change	Addition
HAME			NAME	i i					
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME		La Deicae	NAME						C] Addition
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-:	ST-ZIP		<u> </u>			·····
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME Street adoress			NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME					•	
STREET ADDRESS			1	T ADORESS					
CITY-ST-ZIP		. M. 7 (PD)		ST-ZIP					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and ability company or the receiver or muste	n this filing does not qualify for I that my signature shall have t	the exem he same	nptions contained legal effect as if	d in Chapter 119, made under oath	Florida Statutes. I f ; that I am a mana	urther certify ging membe	that the info r or manage	rmation or of the
limited lia	ibility company or the receiver or multe	e empowered to execute this re	eport as	required by Chaj	pter 608, Florida (statules.			
	/ /s	ud							
SIGNAT	URE:	OF BIGHING MANAGING MEMBER, MAN	AGER OF	ALTHORIZED REPOSE	BENTATIVE	Date	n	sytme Phone #	
		1)						.,	