



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000091449 1. Entity Name SAINZ DEVELOPMENT LLC						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2006 MAY 31 PM 2:08</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 3779 SW 135 AVE MIAMI, FL 33175				Mailing Address 3779 SW 135 AVE MIAMI, FL 33175			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SAINZ, JUAN C 3779 SW 135 AVE MIAMI, FL 33175				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
SIGNATURE <u>Juan Sainz</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR SAINZ, JUAN C 3779 SW 135 AVE MIAMI, FL 33175				TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: right; font-weight: bold;"> 700076195817 06/14/06--01021--025 **50.00 </div>			
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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: <u>Juan Sainz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
<small>Date Daytime Phone #</small>							