


FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90012 011 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000098167

1. Entity Name
BAUTISTA CANO AND ASSOCIATES, LLC



20027740

Principal Place of Business Mailing Address
1390 NW 161ST AVENUE **1390 NW 161ST AVENUE**
PEMBROKE PINES, FL 33028 US **PEMBROKE PINES, FL 33028 US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04072008 Chg-LLC CR2E083 (11/05)

City & State City & State

4. FEI Number Applied For
20-3610245 [No. Applicable]

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANO, BERTHA
1390 NW 161ST AVENUE
PEMBROKE PINES, FL 33028

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required after successful filing) DATE

**Filing Fee is \$60.00
 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CANO, BERTHA	
STREET ADDRESS	1390 NW 161ST AVENUE	
CITY- ST- ZIP	PEMBROKE PINES, FL 33028	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MAURICIO, BAUTISTA	
STREET ADDRESS	1390 NW 161ST AVENUE	
CITY- ST- ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 116, 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 508, Florida Statutes.

SIGNATURE: *Bertha Cano*

04-07-06 (97)439-0933

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

Secretary of State