

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098838

FILED  
Jul 14, 2006  
Secretary of State

Entity Name: GOENAGA INVESTMENTS, LLC

**Current Principal Place of Business:**

7707 NW 103 STREET  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

7615 HARDING AVE.  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

7707 NW 103 STREET  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

350 S. SHORE DR.  
16  
MIAMI BEACH, FL 33141

FEI Number: 20-3592083      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO STREET, SUITE 300  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GOENAGA, NIURKA  
Address: 7707 NW 103 STREET  
City-St-Zip: HIALEAH GARDENS, FL 33016

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: GOENAGA, NIURKA  
Address: 350 S. SHORE DR., UNIT 16  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NIURKA GOENAGA

MGR

07/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date