2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# L05000099930

Entity Name: SPAZIO 2020, LLC

Current Principal Place of Business:

4302 GUNN HWY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

3130 W. LAMBRIGHT ST
316
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 01-0847536 **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:

DIAZ, RAMON S
3130 W. LAMBRIGHT ST
316
TAMPA, FL 33614 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:	P	( ) Delete
Name:	GONZALEZ, ELOY	
Address:	4302 GUNN HWY, #814	
City-St-Zip:	TAMPA, FL 33618 US	
Title:	S	( ) Delete
Name:	DIAZ, RAMON	
Address:	3130 LAMBRIGHT ST., #316	
City-St-Zip:	TAMPA, FL 33614 US	
Title:	T	( ) Delete
Name:	GONZALEZ, ELOY	
Address:	4302 GUNN HWY., #814	
City-St-Zip:	TAMPA, FL 33618	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: RAMON DIAZ S 07/14/2006

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