

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118238

Entity Name: RIOLTO, LLC

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

406 SW FIRST STREET
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

406 SW FIRST STREET
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 20-4474813 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:

Name and Address of New Registered Agent:

MESA, TOMAS
406 SW FIRST STREET
FLORIDA CITY, FL 33034 US

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: MGRM () Delete
Name: MESA, TOMAS
Address: 406 SW FIRST STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGR () Delete
Name: MESA, RICARDO
Address: 406 SW FIRST STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGR () Delete
Name: PEREZ, OLINDA
Address: 4195 SW 60TH PLACE
City-St-Zip: MIAMI, FL 33155

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: TOMAS MESA

MGRM

05/03/2006

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