

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90146 016 \*\*\*\*50.00

**DOCUMENT # L06000003798**

1. Entity Name  
**FORTE HOLDINGS GROUP, L.L.C.**



Principal Place of Business

**2655 S. LE JEUNE ROAD  
SUITE 906  
CORAL GABLES, FL 33134**

Mailing Address

**2655 S. LE JEUNE ROAD  
SUITE 906  
CORAL GABLES, FL 33134**

**60004361**



01192007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0815568**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GUSTAVO A. FERNANDEZ, P.A.  
2655 S. LE JEUNE ROAD, SUITE 906  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FERNANDEZ, GUSTAVO A  
2655 S. LE JEUNE ROAD, SUITE 906  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FERNANDEZ, JAVIER A  
2700 SW 137 AVENUE  
MIAMI, FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FERNANDEZ, GUSTAVO  
2700 SW 137 AVENUE  
MIAMI, FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FERNANDEZ, HORTENSIA  
2700 SW 137 AVENUE  
MIAMI, FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

**Gustavo A. FERNANDEZ** 1/19/07 305-271-0056