


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # L06000005769 1. Entity Name PICADILLO, LLC	
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Principal Place of Business 3111 TIFFANY DRIVE BELLEAIR BEACH, FL 33786	Mailing Address 3111 TIFFANY DRIVE BELLEAIR BEACH, FL 33786
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DO NOT WRITE IN THIS SPACE



01052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 76-0814922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ADAN, ALICE 3111 TIFFANY DRIVE BELLEAIR BEACH, FL 33786
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORALES, ALBERT 42 MUNSEY DRIVE HAMPTON, NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORALES, KRISTEN 42 MUNSEY DRIVE HAMPTON, NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAN, ALICE 3111 TIFFANY DRIVE BELLEAIR BEACH, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAN, JOSE 3111 TIFFANY DRIVE BELLEAIR BEACH, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000777239 01/09/08-80055-023 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Alice M. Adan* ALICE M. Adan 1-5-08 727-593-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #