

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90060 017 \*\*\*\*50.00

DOCUMENT # L99000007693

1. Entity Name

THE VAZQUEZ INVESTMENT GROUP L.L.C.



Principal Place of Business

15255 S.W. 108TH TERRACE  
MIAMI FL 33196

Mailing Address

15255 S.W. 108TH TERRACE  
MIAMI FL 33196



2. Principal Place of Business

10360 SW 154<sup>th</sup> PL  
Suite, Apt. #, etc.  
#34  
City & State  
Miami FL  
Zip  
33196 Country  
DADE

3. Mailing Address

10360 SW 154<sup>th</sup> PL  
Suite, Apt. #, etc.  
#34  
City & State  
Miami FL  
Zip  
33196 Country  
DADE

1st MOORE

CR2E083 (10/05)

4. FEI Number

65-0963105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN ESQ.  
C/O ROZENCWAIG & GRANOFF  
1 S.E. 3RD AVE., STE 960  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
VAZQUEZ, ULISES  
15255 S.W. 108TH TERRACE  
MIAMI FL 33196 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
VAZQUEZ, OLGA  
15255 S.W. 108TH TERRACE  
MIAMI FL 33196 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/06

Date

Daytime Phone #