



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000009421			
1. Entity Name SEGOVIA REALTY, LLC		Principal Place of Business 2 ALHAMBRA PLAZA, STE 860 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address 2 ALHAMBRA PLAZA, STE 860 CORAL GABLES, FL 33134	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PADRON, CARLOS E ESQ 2 ALHAMBRA PLAZA, STE 860 CORAL GABLES, FL 33134		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		DATE	
Signature, typed or printed name of registered agent and the if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	
NAME	PADRON, CARLOS E	NAME	1100000399170 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2 ALHAMBRA PLAZA, STE 860	STREET ADDRESS	01/31/06-80028-019 50.00
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	MGR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILA, OSCAR J III	NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA, STE 860	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	MGR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, RENE	NAME	
STREET ADDRESS	2 ALHAMBRA PLAZA, STE 860	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 1/18/06 (305) 461-4888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
Oscar J. Vila, mgr			