


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90038 029 ****50.00

DOCUMENT # L05000019752

1. Entity Name
SYNTO JADE 3605, LLC



Principal Place of Business
**C/O FRANK J. SEGREDO, ESQ.
 9350 SOUTH DIXIE HIGHWAY, SUITE 1500
 MIAMI, FL 33156**

Mailing Address
**C/O FRANK J. SEGREDO, ESQ.
 9350 SOUTH DIXIE HIGHWAY, SUITE 1500
 MIAMI, FL 33156**

2. Principal Place of Business
C/O Bared & Assoc PA

3. Mailing Address
C/O Bared & Assoc PA

Suite, Apt. #, etc.
1500 San Remo Ave #248

Suite, Apt. #, etc.
1500 San Remo Ave #248

City & State
Orlando Bables, FL

City & State
Orlando Bables, FL

Zip
33146

Country
USA

Zip
33146

Country
USA



01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEGREDO, FRANK J ESQ
 9350 SOUTH DIXIE HIGHWAY, SUITE 1500
 MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name *Pablo R. Bared, Esq.*

Street Address (B.O. Box Number is Not Acceptable)
1500 San Remo Ave

Suite 248

City *Orlando Bables FL* Zip Code *33146*

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]* DATE *1/5/05*

Signature, typed or printed name of registered agent and title, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLARREAL, ARTURO 9559 COLLINS AVENUE, UNIT 409 SURFSIDE, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Villarreal, Arturo 1500 San Remo Ave #248 Orlando Bables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member MGR Mario Castro 1500 San Remo Ave #248 Orlando Bables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M. Castro* *Member* *1/4/05 3056666010*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #