2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L01000006444

Entity Name: CERICAR, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0155334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, ANTONIO
2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MOLINA, GUILLERMO E	
Address:	CALLE 83B #43D 201	
City-St-Zip:	BARRANQUILLA, COLOMBIA,	
Title:	MGRM	( ) Delete
Name:	CERICAR, S.A.,	
Address:	CALLE 83B #43D 201	
City-St-Zip:	BARRANQUILLA, COLOMBIA,	
Title:	MGR	( ) Delete
Name:	SANCHEZ, MARISA	
Address:	2121 PONCE DE LEON BLVD. STE. 1050	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUILLERMO E. MOLINA MGRM 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date