


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000015389</b>	
1. Entity Name <b>DATOS LLC</b>	

Principal Place of Business <b>8181 NORTHWEST 154TH ST., STE. 250 MIAMI LAKES, FL 33016</b>	Mailing Address <b>8181 NORTHWEST 154TH ST., STE. 250 MIAMI LAKES, FL 33016</b>
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01152008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>03-0408074</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**GONZALEZ, ERONIDES**  
**7401 SABAL DRIVE**  
**HIALEAH, FL 33016**

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 \_\_\_\_\_

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

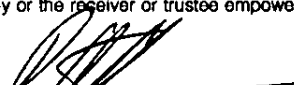
U000000920519  
 02/18/08-80031-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GONZALES, ERONIDES</b> <b>8181 NORTHWEST 154TH ST., STE. 250</b> <b>MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ALLEN, WARREN</b> <b>8181 NORTHWEST 154TH ST., STE. 250</b> <b>MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MENDOZA, CLAUDIO</b> <b>8275 SW 53RD AVENUE</b> <b>MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>OTALORA, RAFAEL</b> <b>18535 SW 42ND STREET</b> <b>MIRAMAR, FL 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:**  **Rafael Otalora** (305) 512-2872  
 Treasurer 01/05/2008

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