

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026478

FILED
Sep 03, 2007
Secretary of State

Entity Name: INVERSIONES FELCA LLC

Current Principal Place of Business:

9974 NOBHILL LANE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

New Mailing Address:

5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126 US

FEI Number: 33-1091742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DR
SUITE 200
MIAMI, FL 33126 US

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: DOMINGO ALONSO

09/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONCADA, ORFA N
Address: 9974 NOBHILL LANE
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM () Delete
Name: DEL RIO PASOS, CATALINA
Address: 9974 NOBHILL LANE
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM () Delete
Name: DEL RIO PASOS, JUAN F
Address: 9974 NOBHILL LANE
City-St-Zip: SUNRISE, FL 33351 US

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: ORFA N MONCADA

MGRM

09/03/2007

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