

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031379

Entity Name: 927 ACQUISITION, LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

601 BRICKELL KEY DRIVE
SUITE 705
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

601 BRICKELL KEY DRIVE
SUITE 705
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1327031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA PENA & ASSOCIATES, P.A.
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI, FL 33131 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: MGR () Delete
Name: DE LA PENA, LEONCIO
Address: 601 BRICKELL KEY DRIVE SUITE 705
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: OLLOQUI, RAFAEL
Address: 601 BRICKELL KEY DRIVE SUITE 705
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: OLLOQUI, RICARDO
Address: 601 BRICKELL KEY DRIVE SUITE 705
City-St-Zip: MIAMI, FL 33131

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: LEONCIO DE LA PENA

MGR

03/06/2008

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