


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000049090  
 1. Entity Name  
 TEXAS VERTENTE FINANCIAL, LLC



Principal Place of Business 2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 US	Mailing Address 2199 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES, FL 33134 US
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 55-0873490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART AGENT SERVICES  
 2199 PONCE DE LEON BLVD.  
 SUITE 301  
 CORAL GABLES, FL 33134

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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**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STINSON, LOUIS JR. 2199 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGO, JOAO H 2199 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERACLIO DO REGO, FRANCISCO R 2199 PONCE DE LEON BOULEVARD, SUITE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERACLIO DO REGO, JOAO JR 2199 PONCE DE LEON BOULEVARD, SUITE 301 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/01/08-80037-019 138.75

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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: 

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