

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jul 21, 2008  
Secretary of State**

DOCUMENT# L04000067170

Entity Name: THE FALLS ESTATES, LLC

**Current Principal Place of Business:**

8491 NW 17 STREET  
SUITE 113  
MIAMI, FL 33126

**New Principal Place of Business:**

8491 NW 17 ST.  
STE. 113  
MIAMI, FL 33126

**Current Mailing Address:**

8491 NW 17 STREET  
SUITE 113  
MIAMI, FL 33126

**New Mailing Address:**

4500 NW 93RD DORAL CT.  
DORAL, FL 33178

FEI Number: 20-1660362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARDO, MARCO A  
8491 NW 17 STREET  
SUITE 113  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

ROMERO, TOMAS  
4500 NW 93RD DORAL CT.  
DORAL, FL 33178 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: TOMAS ROMERO

07/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PARDO, MARCO A  
Address: 8491 NW 17TH STREET, SUITE 113  
City-St-Zip: MIAMI, FL 33175

Title: MGR (X) Delete  
Name: CAIF, HECTOR RICARDO  
Address: 790 SW 21 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: MGR (X) Delete  
Name: SANCHEZ, OSCAR  
Address: 790 SW 21 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: MGR (X) Delete  
Name: ROMERO, TOMAS  
Address: 8491 NW 17TH STREET, SUITE 113  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROMERO, TOMAS  
Address: 4500 NW 93RD DORAL CT.  
City-St-Zip: DORAL, FL 33178 US

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: TOMAS ROMERO

MGR

07/21/2008

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