

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000007046</b>	
<b>1. Entity Name</b> SAN MARCO DEVELOPMENT, LLC	

<b>Principal Place of Business</b> P.O. BOX 491345 KEY BISCAYNE, FL 33149	<b>Mailing Address</b> P.O. BOX 491345 KEY BISCAYNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**



01242008 No Chg-LLC CR2E083 (12/07)

<b>4. FEI Number</b> 20-2426348	Applied For <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HERNANDEZ, HECTOR ESQ.  
 2850 DOUGLAS ROAD, SUITE 400  
 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

U000000914178  
 02/13/08-80034-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, ALFONSO P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSTAMANTE, ERNESTO P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, ANDRES P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBACHANO, PABLO P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCLEMENTE, GUILLERMO P.O. BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLARDO CONVERSIONS CORP. 2850 DOUGLAS ROAD, SUITE 400 CORAL GABLES, FL 33134

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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:** \_\_\_\_\_ **1/28/2008**

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