

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

2008 OCT -2 P 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05132008 No Chg-LLC CR2E083 (12/07)

**DOCUMENT # L05000013668**  
 1. Entity Name  
**LOS CEIBOS INVESTMENT PROPERTIES LLC**



Principal Place of Business      Mailing Address  
 3921 W. GARDENIA AV.              3921 W. GARDENIA AV.  
 WESTON, FL 33332                  WESTON, FL 33332

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>26-0094411</b>	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  
 ZURITA, JUAN C SR.  
 3921 W. GARDENIA AV.  
 WESTON, FL 33332

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAVENTE, PABLO MR. YERBAS BUENAS 11578 LA DESA, SANTIAGO, CH CHILE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEXANDRA, ZURITA MRS. YERBAS BUENAS 11578 LA DESA, SANTIAGO, CH CHILE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

*PA OCT 12 2008  
# 150.00  
9/25/08*

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:** \_\_\_\_\_      Date: **9-25-08**      Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE