

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 20, 2008  
Secretary of State**

DOCUMENT# L05000090722

Entity Name: BEGUAFE, LLC

**Current Principal Place of Business:**

323 NAVARRE AVE.  
# 106  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

323 NAVARRE AVE.  
# 106  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-3465868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TONANTE, HECTOR O  
323 NAVARRE AVE  
APT # 106  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: TONANTE, HECTOR O  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: CACACE, PATRICIA R  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: TONANTE, MARIA B  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Delete  
Name: TONANTE, MARIA G  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Delete  
Name: TONANTE, FEDERICO O  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, MONICA S  
Address: PACHECO DE MELO 1866 PISO 2DO  
City-St-Zip: BUENOS AIRES, BA 1126 AR

Title: MGRM (X) Change ( ) Addition  
Name: GONIZ, LOURDES V  
Address: PACHECO DE MELO 1866 PISO 2DO  
City-St-Zip: BUENOS AIRES, BA 1126 AR

Title: MGRM (X) Change ( ) Addition  
Name: GONIZ, JUAN C  
Address: PACHECO DE MELO 1866 PISO 2DO  
City-St-Zip: BUENOS AIRES, BA 1126 AR

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: MONICA S. GARCIA.

MGRM

05/20/2008

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