

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035217

FILED
Apr 24, 2008
Secretary of State

Entity Name: LENKWARD ESTATES LLC

Current Principal Place of Business:

CREDICORP BANK PLAZA, 26TH FL
NICANOR DE OBARRIO AVE., 50TH ST., PANAMA
REPUBLIC OF PANAMA, XX XXXXX PA

New Principal Place of Business:

Current Mailing Address:

CREDICORP BANK PLAZA, 26TH FL
NICANOR DE OBARRIO AVE., 50TH ST., PANAMA
REPUBLIC OF PANAMA, XX XXXXX PA

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGR () Delete
Name: HERRERA DE SALAS, THAYS
Address: NICANOR DE OBARRIO AVE., 50TH ST., 26TH FL
City-St-Zip: PANAMA, REP. OF PANAMA, XX XXXXX PA

Title: S () Delete
Name: DE CRISTI AS, MARICLA
Address: NICANOR DE OBARRIO AVE., 50TH ST., 26TH FL
City-St-Zip: PANAMA, REP. OF PANAMA, XX XXXXX PA

Title: T () Delete
Name: RODRIGUEZ, ELIGIO
Address: NICANOR DE OBARRIO AVE., 50TH ST., 26TH FL
City-St-Zip: PANAMA, REP. OF PANAMA, XX XXXXX PA

Title: MGRM () Delete
Name: STERN MANAGEMENT COR, P.
Address: NICANOR DE OBARRIO AVE., 50TH
City-St-Zip: PANAMA, REP. OF PANAMA, XX XXXXX PA

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DE CRISTI, MARIELA
Address: NICANOR DE OBARRIO AVE., 50TH ST., 26TH FL
City-St-Zip: PANAMA, REP. OF PANAMA, XX XXXXX PA

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: THAYS HERRERA DE SALAS

MGR

04/24/2008

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