

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035217

FILED
Mar 30, 2010
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
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
Name: DE CRISTI, MARIELA
Address: NICANOR DE OBARRIO AVE., 50TH ST., 26TH FL
City-St-Zip: PANAMA, REP. OF PANAMA, XX XXXXX PA

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

Title: MGRM
Name: COMPAGNIA FIDUCIARIA NAZIONALE S.P.A.
Address: GALLERIA DE CRISTOFORIS 3
City-St-Zip: 20122 MILANO, ITALY, XX

I hereby 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 03/30/2010

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