

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035217

FILED  
Mar 14, 2011  
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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 DE SALAS MGR 03/14/2011

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