

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106881

FILED
Apr 08, 2008
Secretary of State

Entity Name: CIBRAN ELJAIK & LOPEZ, P.L.

Current Principal Place of Business:

2601 SOUTH BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2601 SOUTH BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 20-5807934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEL REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

CELLAW REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE, STE. 700
COCONUT GROVE, FL 33133 US

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: SANTIAGO ELJAIK, MANAGER

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELJAIK, SANTIAGO III
Address: 2601 SOUTH BAYSHORE DRIVE, STE. 700
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: LOPEZ, ANTHONY M
Address: 2601 SOUTH BAYSHORE DRIVE, STE. 700
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

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: SANTIAGO ELJAIK III

MGR

04/08/2008

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