

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 25, 2009  
Secretary of State**

DOCUMENT# L07000023814

Entity Name: 1648 TWO MARIAS, LLC

**Current Principal Place of Business:**

2 ALHAMBRA PLAZA  
SUITE 801  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

881 OCEAN DRIVE  
#4-A  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-8961806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GARCIA-OLIVER & MAINIERI, P.A.  
2 ALHAMBRA PLAZA  
SUITE 801  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: OROZCO, EDUARDO  
Address: 881 OCEAN DRIVE, APT. #4A  
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: MGR ( ) Delete  
Name: ISAZA, MARIA V  
Address: 881 OCEAN DRIVE, APT. #4A  
City-St-Zip: KEY BISCAYNE, FL 33149

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: EDUARDO OROZCO

MGR

06/25/2009

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