

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046840

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** XURPAS LLC

**Current Principal Place of Business:**

614 SAN JUAN DRIVE  
CORAL GABLES, FL 33143 US

**New Principal Place of Business:**

5510 ORDUNA DRIVE  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

614 SAN JUAN DRIVE  
CORAL GABLES, FL 33143 US

**New Mailing Address:**

5510 ORDUNA DRIVE  
CORAL GABLES, FL 33146 US

**FEI Number:** 33-1178558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARROSO, MANUEL  
614 SAN JUAN DRIVE  
CORAL GABLES, FL 33143 US

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

BARROSO, MANUEL  
5520 ORDUNA DRIVE  
CORAL GABLES, FL 33146 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: MANUEL BARROSO

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARROSO, MANUEL  
Address: 614 SAN JUAN DRIVE  
City-St-Zip: CORAL GABLES, FL 33143 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARROSO, MANUEL  
Address: 5520 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146 US

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: MANUEL BARROSO

MGRM

04/29/2008

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