

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077093

FILED
Apr 25, 2008
Secretary of State

Entity Name: ARTEGRAF L.L.C

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-2250773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA INC
2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 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: MGRM () Delete
Name: GARAVITO MATEUS, CAMILO ALBERTO
Address: TRANSV. 22 NO. 106-29 APT. 301
City-St-Zip: BOGOTA, DC COLOMBIA

Title: MGRM () Delete
Name: MATEUS DE GARAVITO, SOLEDAD
Address: TRANSV. 22 NO. 106-29 APT. 301
City-St-Zip: BOGOTA, DC COLOMBIA

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: CAMILO ALBERTO GARAVITO MGRM 04/25/2008

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