


FILED
Jun 04, 2008 8:00 am
Secretary of State

05-02-2008 90016 041 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000121989					
1. Entity Name AN & PD, LLC					
Principal Place of Business 1541 AGUA AVE CORAL GABLES, FL 33156			Mailing Address 1541 AGUA AVE CORAL GABLES, FL 33156		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04292008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 26-2689110	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUERNICA, EDDIE 7200 N.W. 19TH STREET SUITE 301 MIAMI, FL 33126			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, PEDRO O		NAME		
STREET ADDRESS	1541 AGUA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 and authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			Date: 4/29/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		