2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012489

City-St-Zip:

CORAL GABLES, FL 33134

Entity Name: BLUE ARBA SOUTH, LLC

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 255 ALHAMBRA CIR. SUITE 500 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 255 ALHAMBRA CIR. SUITE 500 CORAL GABLES, FL 33134 FEI Number: 26-1925699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARAGON REGISTERED AGENTS, INC. 255 ALHAMBRA CIR. SUITE 500 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: MGR Title: () Change () Addition () Delete CARRILLO, GUILLERMO SR. Name: Name: Address: 255 ALHAMBRA CIR. Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CARRILLO, GUILLERMO JR. Name: Address: 255 ALHAMBRA CIR. Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CARRILLO, RICARDO Name: Name: 255 ALHAMBRA CIR. Address: Address:

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.

City-St-Zip:

SIGNATURE: GUILLERMO CARRILLO, SR. MGR 02/12/2009