

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007182

Entity Name: BIGSUR PARTNERS LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1395 BRICKELL AVENUE
900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1395 BRICKELL AVENUE
900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-1294354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIL, GRIZEL
132 MINORCA AVE.
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: MGR () Delete
Name: IRIBARREN, RAFAEL
Address: 1395 BRICKELL AVENUE STE 900
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: HOLLANDER, CARLOS
Address: 1395 BRICKELL AVENUE STE 900
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Delete
Name: PAKCIARZ, IGNACIO
Address: 1395 BRICKELL AVENUE STE 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: PAKCIARZ, IGNACIO
Address: 1395 BRICKELL AVENUE STE 900
City-St-Zip: MIAMI, FL 33131

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: RAFAEL IRIBARREN

MGR

04/13/2009

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