

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000007046

1. Entity Name
SAN MARCO DEVELOPMENT, LLC



Principal Place of Business

**P.O. BOX 491345
KEY BISCAYNE, FL 33149**

Mailing Address

**P.O. BOX 491345
KEY BISCAYNE, FL 33149**

DO NOT WRITE IN THIS SPACE



01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2426348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, HECTOR ESQ.
2850 DOUGLAS ROAD, SUITE 400
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000914178
02/13/08-80034-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARTINEZ, ALFONSO
STREET ADDRESS	P.O. BOX 491345
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	BUSTAMANTE, ERNESTO
STREET ADDRESS	P.O. BOX 491345
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	PEREZ, ANDRES
STREET ADDRESS	P.O. BOX 491345
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	BARBACHANO, PABLO
STREET ADDRESS	P.O. BOX 491345
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	SANCLEMENTE, GUILLERMO
STREET ADDRESS	P.O. BOX 491345
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	MGRM
NAME	GALLARDO CONVERSIONS CORP.
STREET ADDRESS	2850 DOUGLAS ROAD, SUITE 400
CITY-ST-ZIP	CORAL GABLES, FL 33134

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IN THIS SPACE**

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/28/2008

Date

Daytime Phone #