

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90088 031 \*\*\*138.75

00017000



02162008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8679037** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GUZMAN & GUZMAN, P.A.  
% MARIO I. GUZMAN  
9130 S. DADELAND BLVD, SUITE 1600  
MIAMI, FL 33156

## 7. Name and Address of New Registered Agent

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

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**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GERONIMI, FEDERICO F	
STREET ADDRESS	ALICIA MOREAU DE JUSTO 2030 2 PISO	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA (C11, XX)	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BORDA, RODOLFO F	
STREET ADDRESS	ALICIA MOREAU DE JUSTO 2030 2 PISO	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA (C11, XX)	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERNANDEZ PRIETO, ALBERTO H	
STREET ADDRESS	ALICIA MOREAU DE JUSTO 2030 2 PISO	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA (C11, XX)	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERNANDEZ PRIETO, SEBASTIAN R	
STREET ADDRESS	ALICIA MOREAU DE JUSTO 2030 2 PISO	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA (C11, XX)	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GLORIOSO, GUILLERMO L	
STREET ADDRESS	ALICIA MOREAU DE JUSTO 2030 2 PISO	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA (C11, XX)	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

*Rodolfo Borda*

02/26/08 305-670-1991