

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023712

Entity Name: PIVOCA, L.L.C.

FILED  
Apr 12, 2008  
Secretary of State

## Current Principal Place of Business:

806 DOUGLAS ROAD  
SUITE 580  
CORAL GABLES, FL 33134

## Current Mailing Address:

806 DOUGLAS ROAD  
SUITE 580  
CORAL GABLES, FL 33134

## New Principal Place of Business:

355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134

## New Mailing Address:

355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134

FEI Number: 56-2450643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES INC  
806 DOUGLAS ROAD  
SUITE 580  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

REGISTERED AGENT CORPORATE SERVICES INC  
355 ALHAMBRA CIRCLE  
SUITE 801  
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:

04/12/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PEREZ, ISAAC  
Address: 806 DOUGLAS ROAD SUITE 580  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PEREZ, ISAAC  
Address: 355 ALHAMBRA CIRCLE SUITE 801  
City-St-Zip: CORAL GABLES, FL 33134

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: ISAAC PEREZ

MGRM

04/12/2008

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