

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100825

FILED
Apr 13, 2008
Secretary of State

Entity Name: BUONA FORTUNA INVESTMENTS L L C

Current Principal Place of Business:

2645 EXECUTIVE PARK DRIVE
110
WESTON, FL 33331

New Principal Place of Business:

4129 PINWOOD LN
WESTON, FL 33331

Current Mailing Address:

2645 EXECUTIVE PARK DRIVE
110
WESTON, FL 33331

New Mailing Address:

4129 PINWOOD LN
WESTON, FL 33331

FEI Number: 20-3617606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUQUE, MAURICIO
2645 EXECUTIVE PARK DRIVE
110
WESTON, FL 33331 US

Name and Address of New Registered Agent:

CARLOS, FELICIANI
4129 PINWOOD LN
WESTON, FL 33331 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: CARLOS FELICIANI

04/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUQUE, MAURICIO
Address: 2645 EXECUTIVE PARK DRIVE, SUITE 110
City-St-Zip: WESTON, FL 33331

Title: MGRM () Delete
Name: FELICIANI, CARLOS
Address: 4129 PINWOOD LANE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUQUE, MAURICIO
Address: 4129 PINWOOD LN
City-St-Zip: WESTON, FL 33331

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: CARLOS FELICIANI

MR

04/13/2008

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