


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90267 021 ***138.75

DOCUMENT # L05000118302	
1. Entity Name GELI DE MORA LLC	

Principal Place of Business 1500 CORAL WAY MIAMI, FL 33145	Mailing Address 1500 CORAL WAY MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

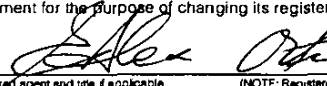
60018256

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 20-3937782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CASTELLANO, GIOVANNI 1688 CORAL WAY MIAMI, FL 33145

7. Name and Address of New Registered Agent Name ALEX ORTIZ Street Address (P.O. Box Number is Not Acceptable) 314 SEVILLA AVE City CORAL GABLES FL Zip Code 33134
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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.

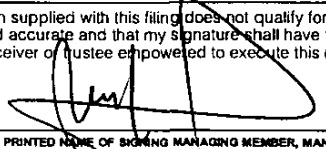
SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORA, MARCOS 1500 CORAL WAY CORAL WAY, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERDUZCO, ANGELES 1500 CORAL WAY CORAL WAY, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  03-26-2008 305 856 1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #