


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000024064 1. Entity Name DECMARA, LLC		
Principal Place of Business 370 MINORCA AVENUE 1 CORAL GABLES, FL 33134	Mailing Address 370 MINORCA AVENUE 1 CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CATARINEAU, JOE A ESQ 7780 SOUTHWEST 117 AVENUE SUITE 201 MIAMI, FL 33183		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$139.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		<div style="font-family: monospace; font-size: 1.2em;"> 000000924547 05/19/08-80005-023 139.75 </div> <div style="font-size: 1.5em; margin-top: 20px;"> DO NOT WRITE IN THIS SPACE </div>
TITLE	MGRM	
NAME	DE CICCIO, SANDRA P	
STREET ADDRESS	370 MINORCA AVENUE, SUITE 1	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	
NAME	MARAFIOTI, ROSANA	
STREET ADDRESS	370 MINORCA AVENUE, SUITE 1	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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: 		Date: 04/22/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>