

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 28, 2008  
Secretary of State

DOCUMENT# L04000032090

Entity Name: LA ERA NATURAL USA LLC

**Current Principal Place of Business:**

AV. COSTERA MIGUEL ALEMAN S/N  
MALECON FISCAL - COL CENTRO  
ACAPULCO -GUERRERO, MX 39300 MX

**New Principal Place of Business:**

**Current Mailing Address:**

AV. COSTERA MIGUEL ALEMAN S/N  
MALECON FISCAL - COL CENTRO  
ACAPULCO -GUERRERO, MX 39300 MX

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALVAREZ, ADRIANA  
Address: AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25  
City-St-Zip: CANCUN, -- 77500 MX

Title: MGRM ( ) Delete  
Name: ALVAREZ, FRANCISCO  
Address: AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25  
City-St-Zip: CANCUN, -- 77500 MX

Title: MGRM ( ) Delete  
Name: ALVAREZ, PABLO  
Address: AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25  
City-St-Zip: CANCUN, -- 77500 MX

Title: MGRM ( ) Delete  
Name: SOLIS, PEDRO  
Address: AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25  
City-St-Zip: CANCUN, -- 77500 MX

Title: MGRM ( ) Delete  
Name: DAMIAN, MARINA  
Address: AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25  
City-St-Zip: CANCUN, -- 77500 MX

Title: MGRM ( ) Delete  
Name: HANITSZI, PAOLA  
Address: AV. SUNYAXCHEN, LOTES 63, ALTOS 1, SM 25  
City-St-Zip: CANCUN, -- 77500 MX

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANCISCO ALVAREZ

MGRM

05/28/2008

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