2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L07000106772

Entity Name: LAW OFFICES OF ANDREU, PALMA & ANDREU, P.L.

Current Principal Place of Business:

701 SW 27TH AVENUE, STE. 900
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

701 SW 27TH AVENUE, STE. 900
MIAMI, FL 33135

New Mailing Address:

FEI Number: 51-0463527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREU, JUAN G ESQ.
701 SW 27TH AVENUE, STE. 900
MIAMI, FL 33135 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: ANDREU, JUAN G
Address: 701 SW 27TH AVENUE, STE. 900
City-St-Zip: MIAMI, FL 33135

Title: MGRM ( ) Delete
Name: PALMA, JORGE L
Address: 701 SW 27TH AVENUE, STE. 900
City-St-Zip: MIAMI, FL 33135

Title: MGRM ( ) Delete
Name: ANDREU, DESIREE M ESQ.
Address: 701 SW 27TH AVENUE, STE. 900
City-St-Zip: MIAMI, FL 33135

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:

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: JUAN G. ANDREU MGRM 01/08/2009

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