

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036175

FILED
Jan 14, 2009
Secretary of State

Entity Name: MAR REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

1643 BRICKELL AVE.
APT 3304
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1643 BRICKELL AVE.
APT 3304
MIAMI, FL 33129

New Mailing Address:

FEI Number: 52-2406294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTUONDO, FERNANDO J ESQ.
2121 PONCE DE LEON BLVD. SUITE 600
2121 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES, FL 33134 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: ROYO, MIGUEL A
Address: 1643 BRICKELL AVE APT 3304
City-St-Zip: MIAMI, FL 33129

Title: MGRM () Delete
Name: ROYO, MARCO A
Address: 1643 BRICKELL AVE APT 3304
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: ROYO, MIGUEL A
Address: 1643 BRICKELL AVE APT 3304
City-St-Zip: MIAMI, FL 33129

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: MIGUEL ROYO

MGR

01/14/2009

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