

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006613

FILED
Jan 15, 2009
Secretary of State

Entity Name: ADORNO, DAMAS & ASSOCIATES P.L.

Current Principal Place of Business:

501 BRICKELL KEY DRIVE SUITE 102
MIAMI, FL 33131

New Principal Place of Business:

175 SW 7 STREET
SUITE 1602
MIAMI, FL 33130

Current Mailing Address:

501 BRICKELL KEY DRIVE SUITE 102
MIAMI, FL 33131

New Mailing Address:

175 SW 7 STREET
SUITE 1602
MIAMI, FL 33130

FEI Number: 26-1808316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADORNO, AMARILIS E
501 BRICKELL KEY DRIVE SUITE 102
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ADORNO, AMARILIS E
175 SW 7 STREET
SUITE 1602
MIAMI, FL 33130 US

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: AMARILIS E. ADORNO

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ADORNO, AMARILIS E PARTNER
Address: 175 SW 7 STREET, STE 1602
City-St-Zip: MIAMI, FL 33130 US

Title: MGR () Change (X) Addition
Name: DAMAS, KENNETH M PARTNER
Address: 175 SW 7 STREET, STE 1602
City-St-Zip: MIAMI, FL 33130 US

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: AMARILIS E. ADORNO

MGR

01/15/2009

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