2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005974

Entity Name: PERDOMO COURTS, LLC

1500 SAN REMO AVE SUITE 248

CORAL GABLES, FL 33146

Address:

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1500 SAN REMO AVENUE, SUITE 103 SUITE 248 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 1500 SAN REMO AVENUE, SUITE 103 SUITE 248 CORAL GABLES, FL 33146 FEI Number: 68-0543107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARED, PABLO R 1500 SAN REMO AVENUE, SUITE 103 SUITE 248 CORAL GABLES, FL 33146 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRP Title: () Change () Addition () Delete ORLANDO PERDOMO, VICENRE Name: Name: Address: 1500 SAN REMO AVE SUITE 248 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KOHN DE PERDOOMO, ELSA Name: Address: 1500 SAN REMO AVE SUITE 248 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: () Delete Title: () Change () Addition KOHN DE PERDOMO, ELSA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: PERDOMO D 03/23/2009