

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099625

Entity Name: LOS CORRALES INVESTMENTS LLC**Current Principal Place of Business:**2665 SOUTH BAYSHORE DRIVE
SUITE 800
COCONUT GROVE, FL 33133**Current Mailing Address:**2665 SOUTH BAYSHORE DRIVE
SUITE 800
COCONUT GROVE, FL 33133**FEI Number:** 20-5696659**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JORGE L. GURIAN P.A.
2665 SOUTH BAYSHORE DRIVE
SUITE 800
COCONUT GROVE, FL 33133 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**Authorized Person(s) Detail :**

Title MGRM
Name CITERONI, TOMMASO A
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name DE AMADIO, ELISABETTA B
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name DE CARPICO, ELENA A
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name AMADIO BEVINI, JOSE LUIS
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name DE ZACCAGNINI, ELIZABETH A
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM
Name AMADIO DE OSIO, MARIA TERESA
Address 2665 SOUTH BAYSHORE DRIVE,
SUITE 800
City-State-Zip: COCONUT GROVE FL 33133

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CITERONI , TOMMASO A

MGRM

04/17/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date