2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000000531

1. Entity Name
RANCHO INTERNATIONAL LLC

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133

04042008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0982690	Applied For / Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75 After May 1, 2008 Fee will be $538.75		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS	**10.**	ADDITIONS / CHANGES
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALLEJO, CLEMENTE	NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SERRANO, CARLOS	NAME	8001286587718
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, SUITE 703	STREET ADDRESS	05/06/08--01011--019 **1471.25
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Timothy D. Richards   4/15/08   (305) 858-9900

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #