

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008226

FILED
Jan 11, 2008
Secretary of State

Entity Name: PINWOOD FINANCING, LLC.

Current Principal Place of Business:

7231 SW 63RD AVENUE, STE. 200
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7231 SW 63RD AVENUE, STE. 200
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-1023232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREIRA, DOMINGO R
4153 PINTA COURT
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MOREIRA, DOMINGO R
7231 SW 63RD AVENUE
SUITE 200
MIAMI, FL 33143 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: DOMINGO MOREIRA

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOREIRA, DOMINGO A
Address: 7231 SW 63RD AVE., #200
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: MOREIRA, DOMINGO R
Address: 7231 SW 63RD AVE., #200
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: ALONSO, LUIS
Address: 7231 SW 63RD AVE., #200
City-St-Zip: MIAMI, FL 33143

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: DOMINGO MOREIRA

MGR

01/11/2008

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