

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009216

**FILED**  
**Jan 29, 2007**  
**Secretary of State**

**Entity Name:** BIENES RAICES FLORIDA.COM, L.L.C.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-1028753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FL  
2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

**Title:** MGRM ( ) Delete  
**Name:** GLADOS COLON, IGNANCIO JESUS  
**Address:** 2121 PONCE DE LEON BLVD. SUITE 1050  
**City-St-Zip:** CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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: IGNACIO JESUS GALDOS COLON

MGRM

01/29/2007

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