2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014273

1. Entity Name

MARDEL HOLDINGS, L.L.C.



FILED Mar 22, 2007 08:00 A. Secretary of State

Principal Place of Business

4775 COLLINS AVENUE

APT 2107

MIAMI BEACH, FL 33140

Mailing Address

1313 PONCE DE LEON BLVD

SUITE 301

CORAL GABLES, FL 33134

03192007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD **SUITE 301** CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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
F	iling Fee is \$50.00 lue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALCON DE GIOVINAZZO, NILDA 4775 COLLINS AVE., APT. 2107 MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		00.0000678898 00.05.05.0008+705085
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	DT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INTH	IS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Nilda Falcon de Giovinazzo

03/19/07 (305)445-5351