

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008706

FILED  
Sep 15, 2008  
Secretary of State

Entity Name: OMBRA L.C.

**Current Principal Place of Business:**

2305 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1641 JEFFERSON AVENUE  
3RD FLOOR  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 65-1108981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SBROGGIO, GRAZIANO  
1641 JEFFERSON AVE 3RD FLOOR  
MIAMI BEACH, FL 33139 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: P ( ) Delete  
Name: SBROGGIO, GRAZIANO  
Address: 1641 JEFFERSON AVE 3RD FLOOR  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: FREGONESE, ANDREA  
Address: 1641 JEFFERSON AVE 3RD FLOOR  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

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: GRAZIANO SBROGGIO

P

09/15/2008

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