

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009787

FILED
Mar 15, 2007
Secretary of State

Entity Name: TRESANAS L.C.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-1143186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
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: MGR () Delete
Name: RAMIREZ, JESUS ANTONIO
Address: CALLE 75A #56-51INT-8 APTO 502
City-St-Zip: BOGOTA, CO XX

Title: MGRM () Delete
Name: PULIDO MENDOZA, JOHANNA
Address: CALLE 75-A #56-51, INT.8, APTO 502
City-St-Zip: BOGOTA, CO XX

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAMIREZ, JESUS A
Address: CALLE 75A #56-51INT-8 APTO 502
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

Title: MGRM (X) Change () Addition
Name: PULIDO MENDOZA, JOHANNA
Address: CALLE 75-A #56-51, INT.8, APTO 502
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

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: JESUS A. RAMIREZ

MGR

03/15/2007

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