

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L01000010283

1. Entity Name
FIESTA LAPERUSA INVESTMENTS LLC



Principal Place of Business
502 REGENT STREET, SUITE 401
LONDON UNITED KINGDOM
W1B 3HH, XX

Mailing Address
1220 N MARKET ST
SUITE 809
WILMINGTON, DE 19801

FILED

07 MAY 23 AM 9:07

ALLAHACE, FLORIDA



04272007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

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IN THIS SPACE**

8. 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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE M
NAME RAYNER, CRAIG
STREET ADDRESS 16 ISLAND VIEW AVENUE
CITY-ST-ZIP FRIARS CLIFF CHRISTCHURCH, UK

TITLE M
NAME RAYNER, SYLVIA
STREET ADDRESS 16 ISLAND VIEW AVENUE
CITY-ST-ZIP FRIARS CLIFF CHRISTCHURCH, UK

TITLE M
NAME RAYNER, RONALD
STREET ADDRESS 16 ISLAND VIEW AVENUE
CITY-ST-ZIP FRIARS CLIFF CHRISTCHURCH, UK

TITLE M
NAME RAYNER, MARK
STREET ADDRESS SUITE 401, REGENT STREET
CITY-ST-ZIP LONDON W1B 3HH, UK

TITLE M
NAME SHESTAKOV, YURIN
STREET ADDRESS PATELEIMONOVSKAYA ST 50 APT Z
CITY-ST-ZIP ODESSA UKRAINE,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

4/30/07

302-421-5750