

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011693

Entity Name: MORFEO INVESTMENTS L.C.

FILED
Feb 13, 2007
Secretary of State

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: 65-1141669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
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: GOMES, JORGE MARIO
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: ARBELAEZ, MARIA DEL P.
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ, JORGE MARIO
Address: CALLE 109, NO. 18C-17, SUITE 314
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

Title: MGRM (X) Change () Addition
Name: ARBELAEZ, MARIA DEL P.
Address: CALLE 109, NO. 18C-17, SUITE 314
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: JORGE M. GOMEZ

MGRM

02/13/2007

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