

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011693

Entity Name: MORFEO INVESTMENTS L.C.

FILED
Feb 27, 2008
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Principal Place of Business:

1801 N.E. 196TH TERRACE
MIAMI, FL 33179

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Mailing Address:

1801 N.E. 196TH TERRACE
MIAMI, FL 33179

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:

WHITE, JAY ESQ
1 NE 2ND AVENUE
#200
MIAMI, FL 33131 US

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: JAY WHITE, ESQ.

02/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: ARBELAEZ, MARIA DEL P.
Address: CALLE 109, NO. 18C-17, SUITE 314
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

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: JORGE MARIO GOMEZ

MGRM

02/27/2008

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