


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000009309
 1. Entity Name
 ARAGON GALIANO HOLDINGS, LLC



| | |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 101 ARAGON AVENUE CORAL GABLES, FL 33134 | Mailing Address 101 ARAGON AVENUE CORAL GABLES, FL 33134 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 30-0070885 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

GUZMAN, LEOPOLDO E
 101 ARAGON AVENUE
 CORAL GABLES, FL 33134

DO NOT WRITE 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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

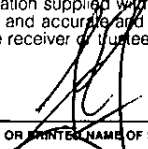
DATE: 05/05/08-80006-011 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------------------------------------------|---------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GUZMAN, LEOPOLDO E 101 ARAGON AVENUE CORAL GABLES, FL 33134 |
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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:  **LEOPOLDO E. GUZMAN,**
MANAGING MEMBER 04/15/08 305-374-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #