

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90014 010 ***138.75

DOCUMENT # L02000011140
 1. Entity Name
 SANTA LUCIA MANAGEMENT, L.L.C.



60039741

Principal Place of Business Mailing Address
 5901 S.W. 74TH STREET STE. 400 5901 S.W. 74TH STREET STE. 400
 SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 9400 S Dadeland Blvd. 9400 S. Dadeland Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 601 Suite 601

01312008 Chg-LLC CR2E083 (12/06)

City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33156 USA 33156 USA

4. FEI Number Applied For
 56-2295034 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOLANS, JAMES A
 5901 S.W. 74TH STREET STE. 400
 SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent
 Name: ROBERT TARABOULOS
 Street Address (P.O. Box Number is Not Acceptable)
 9400 South Dadeland Blvd., Suite 601
 City Miami FL Zip Code 33156

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 *Robert Taraboulos* ROBERT TARABOULOS 4/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, MANUEL <input type="checkbox"/> Delete 5901 SW 74TH STREET #400 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rodriguez, Manuel 9400 South Dadeland Blvd., Suite 601 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rodriguez, Benito 9400 South Dadeland Blvd, Suite 601 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Manuel Rodriguez* Date: 5-11-08 Daytime Phone #