


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.




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**

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

60039741



01312008 Chg-LLC CR2E083 (12/06)
 4. FEI Number **56-2295034** Applied For
 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 | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| 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 | 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 | <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | 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* **7-11-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #