2008 LIMITED LIABILITY COMPANY

FILED Jul 21, 2008 8:00 am

ANNUAL REPORT					Secretary of State		
1. Entity Nam	MENT # L02000014 OLDINGS, LLC				0082 034 ***138.7		
014101411							
C-201	6TH STREET	Mailing Address 10520 NW 26TH STREET C-201	-			200 <i>46</i> 4	•
MIAMI, FL 3:	3172	MIAMI, FL 33172 3. Mailing Address					
	ONW 26 ST.	10520 NW Suite, Apt. #, etc.	26 5				11 111 1001
City & Stat	01	C 2 0 /		071420		CR2E083 (12/06)	lied For
DoRa	1, FX-	DoRal F	<u> </u>	1	0088009	Not	Applicable
Zip 3317	2 Country	33172	Country U.S	<u>. </u>	icate of Status Desired	□ \$5.00 Addit Fee Required	ional
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New R	legistered Agent	
CABANAS	: IOSE E		Name	Jase 1	E. Ca.	banas	
CABANAS, JOSE E 10520 NW 26TH ST C-201			Street A	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33172			10520 NW 26 ST STC. C201				
			City	Do Ra /			72
	named entity submite this statement for	r the purpose of changing its re	egistered office o	registered agent,	or both, in the State of Flo	orida. I am familiar with, a	nd accept
SIGNATURE .	- III	0.0055.0				07/14/0	<u>8</u> _
	Signature, typed or wiring name of registered agent a	ind the irappicable. (NOTE: P	19gistered Agent signat	ure required when reinstati	191	- DATE	
บนอ		In accordance with s. liability company did r				e check payable to a Department of State	
9.		liability company did r		prior notice.		a Department of State	
	MANAGING MEMBE	liability company did r	not receive the	MGR Cabana	ADDITIONS,	Department of State / CHANGES Change	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CABANAS, JOSE E 10520 NW 26TH ST., SUITE C-2	liability company did r	10. TITLE NAME STREET ADDRESS	MGR Cabana:	ADDITIONS, S, Jose E W & G GT.	Department of State /CHANGES Change Chang	_
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR CABANAS, JOSE E	liability company did r	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cabanas 10520 N Doral,	ADDITIONS, S, Jose E W & G GT.	Department of State / CHANGES Change	_
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CABANAS, JOSE E 10520 NW 26TH ST., SUITE C-2 MIAMI, FL 33172	liability company did r	10. TITLE NAME STREET ADDRESS	MGR Cabana: 10520 N DORAL, MGR Cabana	ADDITIONS, 5, Jose E W 26 6T. Fl. 3	Department of State /CHANGES Change - 67	Addition
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Cabanas H