


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L02000015483 1. Entity Name <b>EL PASO, LLC</b>	
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Principal Place of Business 201 SEVILLA AVE SUITE #202 CORAL GABLES, FL 33134 US	Mailing Address P.O. BOX 141873 CORAL GABLES, FL 33114
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04032008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1163439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ-GALARRAGA, JORGE  
 1313 PONCE DE LEON BLVD., STE 301  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

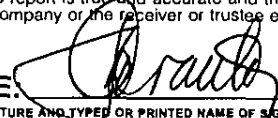
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRANTE, JOSE A SR P.O. BOX 141873 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRANTE, JR, JOSE A P.O. BOX 141873 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRANTE, ALBERTO R P.O. BOX 141873 CORAL GABLES, FL 33114
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U090000385886  
04/15/08-80032-020 138.75

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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:  DATE: 4-4-2008 DAYTIME PHONE #: 305-445-2652

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