2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90149 024 ***138.75

DOCUMENT # L02000017071

1. Entity Name

INMOBILIARIA, LLC

Principal Place of Business	Mailing Address
1 CENTURY LANE APT 301 MIAMI BEACH FL 33139	1 CENTURY LANE APT 301 MIAMI BEACH FL 33139

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 36-4510278 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID FLINT 2045 N.E. 201 TERRACE NMB FL 33179	Name: Street Address (P.O. Box Number is Not Acceptable): 1 CENTURY lane # 301 City: MIAMI Beach FL Zip Code: 33139

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) 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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FLINT, BENNY	NAME	
STREET ADDRESS	1 CENTURY LANE APT 301	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EGOZI, MOISES	NAME	
STREET ADDRESS	2045 N.E. 201 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	NMB FL 33179	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SILBERMAN, FABIO	NAME	
STREET ADDRESS	2045 N.E. 201 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	NMB FL 33179	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOMEZ, MANUEL	NAME	
STREET ADDRESS	1795 SW 3RD AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZAINADOR	NAME	
STREET ADDRESS	2045 N.E. 201 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	NMB FL 33179	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #