

**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	

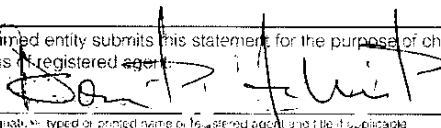
Principal Place of Business 1 CENTURY LANE APT 301 MIAMI BEACH FL 33139	Mailing Address 1 CENTURY LANE APT 301 MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

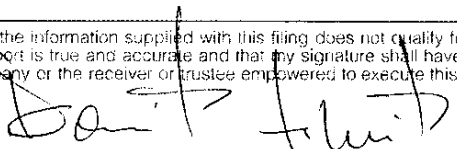
6. Name and Address of Current Registered Agent DAVID FLINT 2045 N.E. 201 TERRACE NMB FL 33179	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1 CENTURY lane # 301 City MIAMI Beach FL Zip Code 33139	
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 a registered agent.	
SIGNATURE 	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	MGR FLINT, BENNY 1 CENTURY LANE APT 301 MIAMI BEACH FL 33139 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGOZI, MOISES 2045 N.E. 201 TERRACE NMB FL 33179 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILBERMAN, FABIO 2045 N.E. 201 TERRACE NMB FL 33179 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, MANUEL 1795 SW 3RD AVE MIAMI FL 33129 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAINADOR 2045 N.E. 201 TERRACE NMB FL 33179 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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	