## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

DOCUMENT # L02000023892



## **FILED** May 02, 2008 8:00 am Secretary of State 05-02-2008 90019 032 \*\*\*138.76

1. Entity Name MAIPU REALTY, LLC										
Principal Place 11920 MIRAI MIRAMAR, FL	MAR PARKW		Mailing Address PO BOX 277855 MIRAMAR, FL 33027			_	<b></b>			aat in appi
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04292008	Chg-LLC	CR2E083 (1	2/06)	
City & State			City & State			4. FEI Number 13-4218361			Not	plied For Applical
Zip	Country		Zip	Coun	try	5. Certificate of	-	Fee F	O Addi	
6. Name and Address of Current Registered Agent					<u> </u>	7. Name and A	ddress of New R	egistered Agent		
NIEVES, ISANDER 11920 MIRAMAR PARKWAY HOLLYWOOD, FL 33025					Name Street Addres	ss (P.O. Box Number	is Not Acceptable	*)		
HOLETWO	,05,12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City			FL Z	ip Code	<del></del>
	named entit ions of regist		the purpose of changing its	register	ed office or regi:	stered agent, or both	in the State of Flo	orida. I am familia	ar with,	and acce
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature req	uired when reinstating)		DATE	- Ha bw	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						English Control of Con	Florida	e check payab i Department o	le to f State	
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMERICAN BUSINESS & TECHNOLOGY GROUTERET ADDRESS 11920 MIRAMAR PARKWAY				e Bet adoress '-st-zip				Change	☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate						Change	☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addit
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				Change	☐ Addit

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: