

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031127

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: TORREMARE, LLC

**Current Principal Place of Business:**

117- A N.E 5TH AVENUE  
STE 117  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

117- A N.E 5TH AVENUE  
STE 117  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

FEI Number: 82-0574362      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MICHAEL ORTIZ, PA  
2121 PONCE DE LEON BOULEVARD  
SUITE 330  
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: CARVALLO, VICTOR  
Address: 5341 FISHER ISLAND DRIVE  
City-St-Zip: MIAMI, FL 33109

Title: VP ( ) Delete  
Name: CARVALLO, JESUS  
Address: 2700 OAKBROOK LANE  
City-St-Zip: WESTON, FL 33332

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARVALLO VICTOR

P

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date