

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032538**

1. Entity Name  
**VARADERO PROPERTIES, LLC**



Principal Place of Business  
**260 OKEECHOBEE COVE  
DESTIN, FL 32541**

Mailing Address  
**260 OKEECHOBEE COVE  
DESTIN, FL 32541**



01232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4231478**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DALMAU, RAUL P  
260 OKEECHOBEE COVE  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

|                |                           |
|----------------|---------------------------|
| TITLE          | MGR                       |
| NAME           | DALMAU, RAUL P            |
| STREET ADDRESS | 260 OKEECHOBEE CV         |
| CITY-ST-ZIP    | DESTIN, FL 32541          |
| TITLE          | MGRM                      |
| NAME           | DALMAU, FAUSTINO S        |
| STREET ADDRESS | 18331 WEST VILLAGE WAY DR |
| CITY-ST-ZIP    | BATON ROUGE, LA 70810     |
| TITLE          | MGRM                      |
| NAME           | DE JONGH, ALBERTO J       |
| STREET ADDRESS | 14747 HIGHLAND RD         |
| CITY-ST-ZIP    | BATON ROUGE, LA 70810     |
| TITLE          | MGRM                      |
| NAME           | ALVAREZ, LOURDES F        |
| STREET ADDRESS | 18628 S MISSION HILLS AVE |
| CITY-ST-ZIP    | BATON ROUGE, LA 70810     |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

U000000809612  
02/08/08-80029-010-143.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**RAUL P. DALMAU**

Date

**1-27-08 850-269-8247**

Daytime Phone #