

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034058

FILED
Apr 24, 2008
Secretary of State

Entity Name: ST. THOMAS EPISCOPAL CHURCH ENDOWMENT FUND, L.L.C.

Current Principal Place of Business:

5690 S.W. 88 STREET
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

5690 S.W. 88 STREET
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 59-0751930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAWNER, PHILIP L ESQ.
2655 LE JEUNE ROAD
SUITE 302
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: FERNANDEZ, SERGIO
Address: 6525 SW 134 DR
City-St-Zip: PINECREST, FL 33156

Title: MGRM () Delete
Name: MALLOY, JOHN
Address: 4870 SW 82 STREET
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: NEWMAN, JULI
Address: 935 ESCOBAR AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: BROCKWAY, BOB
Address: 9100 HAMMOCK LAKE DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM () Delete
Name: KALBAC, JOE
Address: 5250 S.W. 48TH STREET
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: TR (X) Change () Addition
Name: FERNANDEZ, SERGIO
Address: 6525 SW 134 DR
City-St-Zip: PINECREST, FL 33156

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

Title: SEC (X) Change () Addition
Name: NEWMAN, JULI
Address: 935 ESCOBAR AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: O'SULLIVAN, JOSEPHINA
Address: 6090 SW 108TH STREET
City-St-Zip: PINECREST, FL 33156

Title: MGRM (X) Change () Addition
Name: RICE, DOUGLAS
Address: 8241SW 54TH AVE
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Change (X) Addition
Name: BALES, THOMAS
Address: 9151 ARVIDA LANE
City-St-Zip: CORAL GABLES, FL 33156

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: SERGIO FERNANDEZ

TRS

04/24/2008

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