


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 037 ***138.75

DOCUMENT # L03000017824 1. Entity Name BURACOS PROPERTY INVESTMENT, LLC.			
Principal Place of Business 6220 SOUTH OBT SUITE 194 ORLANDO, FL 32809		Mailing Address 6220 SOUTH OBT SUITE 194 ORLANDO, FL 32809	
2. Principal Place of Business - No P.O. Box # 2101 Orinoco Dr.		3. Mailing Address 2101 Orinoco Dr.	
Suite, Apt. #, etc. Bldg 1 Suite 1		Suite, Apt. #, etc. Bldg 1 Suite 1	
City & State Orlando, FL 32837		City & State Orlando, FL 32837	
Zip 32837		Zip 32837	
Country Orange		Country Orange	
6. Name and Address of Current Registered Agent GARCIA, MARIO A ESQUIRE ONE SOUTH ORANGE AVENUE SUITE 401 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating)			
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		10. ADDITIONS/CHANGES	
TITLE MGRM	NAME GARBAN, OMAR	<input checked="" type="checkbox"/> Delete	TITLE 2101 Orinoco Drive Bldg 1, Ste. 1
STREET ADDRESS 6220 SOUTH OBT SUITE 194	CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change	STREET ADDRESS Orlando, FL 32837
CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Addition	CITY-ST-ZIP Orlando, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	
<input type="checkbox"/> Addition		<input type="checkbox"/> Delete	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	
<input type="checkbox"/> Addition		<input type="checkbox"/> Delete	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	
<input type="checkbox"/> Addition		<input type="checkbox"/> Delete	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-13-08 407-851-6367