2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037121

1. Entity Name ANIBIL, LLC



FILED Feb 11, 2008 08:00 AM Secretary of State

Principal Place of Business

901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134 Mailing Address

901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC CR2E083 (12/07)

4, FEI Number	Applied For
20-0270441	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of che the obligations of registered agent.	anging its registered office or registered agent, or both, i	n the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and bite if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Ell E Monatt FEE to \$420 75		4 1 20 20 20 20 20 20 20 20 20 20 20 20 20

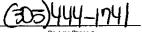
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000824417 02/20/08-80074-023 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	ALBORNOZ, WILLIAM H	
STREET ADDRESS	901 PONCE DE LEON BLVD., STE. 603	•
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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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.

121/08



Dale