2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L03000038704

Entity Name: MINORCA PROPERTY, LLC

Current Principal Place of Business:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 80-0079052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

FERNANDEZ, SARAH A
133 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CORPORATE SOLUTIONS R.A., LLC
133 SEVILLA AVENUE
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: SARAH FERNANDEZ 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TOMAS, MIKE
Address: 133 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR ( ) Delete
Name: GARCIA, LAZARO LUIS
Address: 240 W 24TH ST
City-St-Zip: HIALEAH, FL 330101526

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THE ASTRI GROUP, LLC,
Address: 133 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

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: MIKE TOMAS MGR 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date