## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

STREET ADDRESS

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## Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90267 030 \*\*\*143.75 DOCUMENT # L04000018574 LENTEJA MANAGEMENT, LLC 60018295 Principal Place of Business Mailing Address COMMERCE TRUST COMPANY COMMERCE TRUST COMPANY 220 ALHAMBRA CIR, 11 FL 220 ALHAMBRA CIR, 11 FL CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Country \$5.00 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-CTC MANAGEMENT SERVICES. LLC Street Address (P.O. Box Number is Not Acceptable) 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 City Zip Code 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 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 ADDITIONS/CHANGES 10. MGR MGR TITLE ■ Delete TITLE Change ☐ Addition COMMERCE TRUST COMPANY, N.A. Mercantil Commercebank Trust Comp., N.A. NAME NAME STREET ADDRESS 220 ALHAMBRA CIRCLE, 11TH FL STREET ADDRESS 220 Alhambra Circle, 11th Floor CORAL GABLES, FL 33134 CITY-ST-7IP CITY-ST-7IP Coral Gables, Fl 33134 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chanoe ☐ Addition NAME NAME

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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.

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ΔUS 305-441-5555 2) 01167128 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA Daytime Phone # G MEMBER, MANAGER, Of ED REPRESENTATIVE