


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000020781**  
 1. Entity Name  
**FULGENCIO & MARIA-PADILLA LLC**



Principal Place of Business      Mailing Address  
**850 BELLE MEADE ISLAND DRIVE**      **850 BELLE MEADE ISLAND DRIVE**  
**MIAMI, FL 33138**      **MIAMI, FL 33138**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-0917644</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOHNNY A. GASPARD, PLLC ATTORNEY-AT-LAW**  
**15025 N.W. 77TH AVENUE**  
**SUITE 116**  
**MIAMI LAKES, FL 33014**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

00000778948  
 01/11/08-80017-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADILLA, FULGENCIO SR. 850 BELLE MEADE ISLAND DR. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADILLA, MARIA D 850 BELLE MEADE ISLAND DR. MIAMI, FL 33138
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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.

**SIGNATURE:** *Fulgencio Padilla Sr.*      **01-07-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #