

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034887

FILED
Mar 31, 2008
Secretary of State

Entity Name: TALENA BLUE, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1099280 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: INVERLINK CORP,
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: BARRETO, SILVIA P
Address: CALLE 104, NO. 20-61
City-St-Zip: BOGOTA, COLUMBIA,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUNRISE PROPERTIES I, NTL. CORP.
Address: 18839 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change () Addition
Name: GOLD COAST FUND, LLC,
Address: 18839 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

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: MAURICIO VIVES

MGR

03/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date