

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047951

Entity Name: MORENA LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

7869 NW 52 ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7869 NW 52 ST
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 20-1333541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIRONIO, RONAN E SR
7869 NW 52 ST
MIAMI, FL 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: PIRONIO, RONAN E SR
Address: 7869 NW 52 ST
City-St-Zip: DORAL, FL 33166 US

Title: MGRM () Delete
Name: PERFORMANCE HOUSES C, ORP
Address: 2033 NE 14 CT
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MACERA, NORBERTO E
Address: PO BOX 398208
City-St-Zip: MIAMI BEACH, FL 33239

Title: MGR () Change (X) Addition
Name: MACERA, ENRIQUE
Address: PO BOX 398208
City-St-Zip: MIAMI BEACH, FL 33239

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: RONAN PIRONIO

MGR

03/06/2008

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