


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90021 047 \*\*\*138.75

DOCUMENT # L04000048923

1. Entity Name  
 LOYALTY PROPERTIES L.L.C.



Principal Place of Business      Mailing Address

8550 WEST FLAGLER ST      8550 WEST FLAGLER ST  
 SUITE 104      SUITE 104  
 MIAMI, FL 33144      MIAMI, FL 33144

60028655

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

9301 Coral Way      9301 Coral Way

Suite, Apt. #, etc.      Suite, Apt. #, etc.



04232008    Chg-LLC    CR2E083 (12/06)

City & State      City & State

Miami, FL      Miami, FL

Zip      Country      Zip      Country

33155      USA      33155      USA

4. FEI Number      Applied For

20-1707035      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MICHAEL  
 8550 WEST FLAGLER ST  
 SUITE 104  
 MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GONZALEZ, CARLOS R	
STREET ADDRESS	8550 WEST FLAGLER ST SUITE 104	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIA E	
STREET ADDRESS	6685 SW 94TH ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Maria E.	
STREET ADDRESS	6300 Caballero Blvd	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jey R. S. 083      Date: 4/23/08      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE