

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049098

FILED
Mar 28, 2007
Secretary of State

Entity Name: PIRKA, LLC

Current Principal Place of Business:

250 SUNRISE DRIVE, APT. M
KEY BISCAYNE, FL 33149

New Principal Place of Business:

250 SUNRISE DRIVE
APT. M
KEY BISCAYNE, FL 33149

Current Mailing Address:

C/O 1200 BRICKELL AVE.
SUITE 900
MIAMI, FL 333131

New Mailing Address:

C/O 1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 333131

FEI Number: 20-1314356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE.
SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

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: ROBERT R. ADAMS

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOBREVILLA, LUIS A
Address: 250 SUNRISE DRIVE, APT. M
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: SOBREVILLA, MARIA ISABEL
Address: 250 SUNRISE DRIVE, APT. M
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS A. SOBREVILLA

MGR

03/28/2007

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