2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 10, 2008
Secretary of State

DOCUMENT# L04000054893

Entity Name: VIGAR INVESTMENT, LLC

Current Principal Place of Business:

5880 SW 74 TERRACE
T-4E
S MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 143770
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 20-1410996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILLAREAL, JUAN C
5880 SW 74 TERRACE
T-4E
S MIAMI, FL 33143 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:	MGRM	( ) Delete
Name:	VILLAREAL, JUAN C	
Address:	5880 SW 74 TERRACE, T-4E	
City-St-Zip:	S MIAMI, FL 33143	
Title:	MGR	( ) Delete
Name:	VIGAR, LTDA,	
Address:	P.O. BOX 143770	
City-St-Zip:	CORAL GABLES, FL 33114	
Title:	MGR	( ) Delete
Name:	VILLARREAL, DIANA C	
Address:	PO BOX 143770	
City-St-Zip:	CORAL GABLES, FL 33114	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	VILLARREAL, ARTURO	
Address:	P.O. BOX 143770	
City-St-Zip:	CORAL GABLES, FL 33114	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: JC VILLAREAL MGRM 10/10/2008

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