2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# L04000056749

Entity Name: TOR, L.L.C.

Current Principal Place of Business:

2050 CORAL WAY, SUITE 404
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2050 CORAL WAY, SUITE 404
MIAMI, FL 33145

New Mailing Address:

FEI Number: 86-1114054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAIF, HECTOR R
2050 CORAL WAY, SUITE 404
MIAMI, FL 33145 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: CAIF, HECTOR R
Address: 2050 CORAL WAY, SUITE 404
City-St-Zip: MIAMI, FL 33145

Title: MGR (X) Delete
Name: IMAZIO, CARLOS A
Address: 2050 CORAL WAY, SUITE 404
City-St-Zip: MIAMI, FL 33145

Title: MGR (X) Delete
Name: ALLENDE, HECTOR O
Address: 2050 CORAL WAY, SUITE 404
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

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

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 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: CAIF, HECTOR R MGRM 02/22/2008

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