2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90041 002 ****50.00

DOCUMENT # L0400060749 1. Entity Name INVERSIONES PILARTE, LLC						05-08-2006	90041 00	2 ****5	0.00
Principal Plac	e of Business	Mailing Address							
7105 SW 8TH STREET		7105 SW 8TH STREET							
SUITE 308		SUITE 308			_				
MIAMI, FL 3	3144	MIAM1, FL 33144			1 (20)(6)(6)(Railt aisti sailt astii asti	MANUTA ARCII GALIÎ	(BRÉ BIPIR IRI	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-LLC	CR2E08	3 (11/05)		
City & State		City & State		4. FEI Numbe	["] 20-158	39363		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Ag	jent	
0.45.44.6	ANDREW 500		Na	ame					
	CUEVAS, ANDREW ESQ. 536 BILTMORE WAY			Street Address (P.O. Box Number is Not Acceptable)					
	S ORTIZ, P.A.						,		
CORAL GABLES, FL 33134									
ļ.			Cit	ity		*1{n	FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registered of	fice or register	ed agent, or both	h, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable (NOT	F Registered Agen	nt signature required	(when remetation)	_	DATE		
 	The state of the s	(ITC)	t riegisteres riger	n organization recognization	Wish remaining)		DAIL		
Filing Fee is \$50.00 Due by May 1, 2006				I .	Make check payable to Florida Department of State				
	ue by May 1, 2006							•	•
9.	MANAGING MEMBER	RS/MANAGERS	10.				Departmer	•	•
9.		RS/MANAGERS Delete	10.			Florida	Department CHANGES	•	→ Addition
THILE NAME	MANAGING MEMBER MGRM PILARTE, ROBERTO.	☐ Delete	TITLE NAME			Florida	Department CHANGES	nt of State	
THILE NAME STREET ADDRESS	MANAGING MEMBER MGRM PILARTE, ROBERTO. 7105 SW 8TH STREET, SUITE 30	☐ Delete	TITLE NAME STREET ADD			Florida	Department CHANGES	nt of State	
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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: ROBERTO PILOTTE DA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-20-06

305 226 3443