2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000062395

1. Entity Name COUNTRY GARDENS, LLC



Principal Place of Business

2950 SW 27TH AVE

STE 300 MIAMI, FL 33133

Mailing Address

2950 SW 27TH AVE

STE 300

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33133 US

FILED Feb 06, 2008 8:00 am Secretary of State

02-06-2008 90123 031 ***138.75

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01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2675553

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

FABELO, ROBERTO **10523 SW 55TH STREET** MIAMI, FL 33165

## DO NOT WRITE IN THIS SPACE

| 8.        | The above named entity submits this statement for the purpose of chartne obligations of registered agent. | inging its registered office or registered agent, or bo      | th, in the State of Florida. | I am familiar with, and accept |
|-----------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------|--------------------------------|
| SIGNATURE |                                                                                                           |                                                              |                              |                                |
|           | Signature, typed or printed name of registered agent and title if applicable.                             | (NOTE: Registered Agent signature required when reinstating) |                              | DATE                           |

## FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75

| 9.                                    | 9. MANAGING MEMBERS/MANAGERS                                |  |  |
|---------------------------------------|-------------------------------------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DELGADO, ROLAND 2950 SW 27TH AVE., #300 MIAMI, FL 33133 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                             |  |  |

## DO NOT WRITE IN THIS SPACE

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: SIGNATURE AND TYPED OR