

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069031

Entity Name: SIR COLATRAVA, LLC

FILED
Sep 19, 2008
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1666001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MACHADO, ALEJANDRO
Address: CALLE 59, #35-43
City-St-Zip: BOGOTA COLOMBIA,

Title: MGRM () Delete
Name: MORENO, JORGE
Address: CALLE 59, #35-43
City-St-Zip: BOGOTA COLOMBIA,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MACHADO, ALEJANDRO
Address: CALLE 59, #35-43
City-St-Zip: BOGOTA , COLOMBIA, XX XX XX

Title: MGRM (X) Change () Addition
Name: MORENO, JORGE
Address: CALLE 59, #35-43
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

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: ALEJANDRO MACHADO

MGRM

09/19/2008

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