

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069363

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: SANFED LLC

**Current Principal Place of Business:**

170 OCEAN LANE DRIVE, APT. 509  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

170 OCEAN LANE DRIVE, APT. 509  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 65-1237398      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:**

VICTOR L. VIDAL  
701 S.W. 27 AVE. SUITE 606  
MIAMI, FL 33135 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: MGR ( ) Delete  
Name: MUNIZ, JAVIER  
Address: 170 OCEAN LANE DRIVE, APT. 509  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete  
Name: LAGUNA, MARIA EUGENIA  
Address: 170 OCEAN LANE DRIVE, APT. 509  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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: JAVIER MUÑIZ

MGR

07/14/2008

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