2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075240

Entity Name: VARA ATRIUM L.L.C.

Current Principal Place of Business:

FILED Jan 07, 2009 Secretary of State

Date

8131 LOS PINOS BLVD. CORAL GABLES, FL 33143 **Current Mailing Address: New Mailing Address:** 8131 LOS PINOS BLVD. CORAL GABLES, FL 33143 FEI Number: 20-1761558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VARA, ALBERT 8131 LOS PINOS BLVD CORAL GABLES, FL 33143 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

New Principal Place of Business:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Change () Addition

MGRM Title: () Delete VARA, ADALBERTO Name: Name: Address: 8131 LOS PINOS BLVD. Address: City-St-Zip: CORAL GABLES, FL 33143 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: VARA, CARLOS A Name: Address: 451 RIDGE RD Address: City-St-Zip: CORAL GABLES, FL 33143 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: ALBERT VARA 01/07/2009