2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000076746

MORWOOD ASSOCIATES L.L.C.

FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2740 WEST 5TH AVENUE HIALEAH, FL 33010

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01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-3242927

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, JOAQUIN R 2740 WEST 5TH AVENUE HIALEAH, FL 33010

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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	named entity submits this statement for the purpose of chan- ions of registered agent	ging its registered office or req	gistered agent, or both, in the S	late 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 re	DATE	
F D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAI HIALEAH INC 90 MERRICK DR. 9 FLOOR EAST MEADOW, NY 11554		•	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARCELONA CAPITAL LLC 1200 LAKE HERN DRIVE, SUITE 200-B ATLANTA, GA 30319			00000641230 8/07-80098-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME				

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 it made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: