


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90047 005 ***138.75

DOCUMENT # L04000076746

1. Entity Name
 MORWOOD ASSOCIATES L.L.C.



Principal Place of Business
 2740 WEST 5TH AVENUE
 HIALEAH, FL 33010

Mailing Address
 2740 WEST 5TH AVENUE
 HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 13-3242927	Applied For Not Applicable
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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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retitling)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 *Joaquin R Delgado* AUTHORIZED AGENT 1/11/08 3058879801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Document Page #