


**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
-----------------------------	-------------------------------

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

**DO NOT WRITE IN THIS SPACE**

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

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 \_\_\_\_\_ DISPLAYED PHONE # \_\_\_\_\_