

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080849

FILED
Aug 10, 2008
Secretary of State

Entity Name: HOUSETEK LIMITED LIABILITY COMPANY

Current Principal Place of Business:

18731 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18731 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

New Mailing Address:

2504 HUNTERS RUN WAY
WESTON, FL 33327

FEI Number: 86-1121246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLARES, MARIA
4649 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MILLARES, MARIA
500 SOUTH DIXIE HIGHWAY
SUITE 201
CORAL GABLES, FL 33146 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:

08/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PESCHIERA, GONZALO
Address: 13425 SW 151 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: ESTRADA, LUIS
Address: 2504 HUNTERS RUN WAY
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ESTRADA, LUIS
Address: 2504 HUNTERS RUN WAY
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Change () Addition
Name: PESCHIERA, GONZALO
Address: 13425 SW 151 TERRACE
City-St-Zip: MIAMI, FL 33186

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: LUIS ESTRADA

MGR

08/10/2008

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