2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082591

1. Entity Name

FLORIDA CITY OUT PARCEL, LLC



Principal Place of Business Mailing Address

901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134

FILED Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90238 013 ***138.75

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01162008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	20-2757575		Not Applicable
5.	Certificate of Status Desired		D Additional aguired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chartions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title il applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENAO, LUIS 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORNO, JUAN 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

alpolox

205-444-1741

Daytime Pho