

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084535

Entity Name: 560 HOLDINGS, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

560 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

560 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0965017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARZA, HUGO P ESQ
2665 S. BAYSHORE DRIVE #200
MIAMI, FL 33133 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALIETTI, RICARDO M
Address: 9250 W. BAY HARBOR DRIVE #5C
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGRM () Delete
Name: FERREIROS, ALBERTO M
Address: 246 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALIETTI, RICARDO M
Address: 4351 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM (X) Change () Addition
Name: FERREIROS, ALBERTO M
Address: 560 NE 107 STREET
City-St-Zip: MIAMI SHORES, FL 33161

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: RICARDO M. ALIETTI

MGRM

07/09/2008

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