

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086420

Entity Name: ILOPANGO INVESTMENTS LLC

FILED  
Apr 22, 2006  
Secretary of State

## Current Principal Place of Business:

7468 S.W. 168TH TERRACE  
MIAMI, FL 33157

## Current Mailing Address:

7468 S.W. 168TH TERRACE  
MIAMI, FL 33157

## New Principal Place of Business:

749 CRANDON BLVD.  
211  
KEY BISCAYNE, FL 33149 US

## New Mailing Address:

749 CRANDON BLVD.  
211  
KEY BISCAYNE, FL 33149 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALFREDO JUSTO FERNANDEZ SIVORI  
749 CRANDON BLVD. SUITE #211  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

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: MGR ( ) Delete  
Name: FERNANDEZ-SIVORI, ALFREDO  
Address: 7468 SW 168 TERRACE  
City-St-Zip: MIAMI, FL 33157 US

Title: MGR ( ) Delete  
Name: PAROT-DONOSO, ALFREDO  
Address: 4045 NW 97 AV  
City-St-Zip: MIAMI, FL 33178 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FERNANDEZ-SIVORI, ALFREDO  
Address: 749 CRANDON BLVD.  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALFREDO FERNANDEZ-SIVORI

MGR

04/22/2006

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