2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L04000087579

Entity Name: MOVIDA INVESTMENTS LLC

Current Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-2311927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENSEN, JOAN BURTON
121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 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:	D	( ) Delete
Name:	BANDEL, STEVEN I	
Address:	121 ALHAMBRA PLAZA, SUITE 1400	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	D	( ) Delete
Name:	VINCENTELLI, CARLOS	
Address:	121 ALHAMBRA PLAZA, SUITE 1400	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	D	( ) Delete
Name:	JENSEN, JOAN B	
Address:	121 ALHAMBRA PLAZA, SUITE 1400	
City-St-Zip:	CORAL GABLES, FL 33134 US	

ADDITIONS/CHANGES:

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

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: JOAN JENSEN D 04/28/2008

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