

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jul 20, 2008  
Secretary of State**

DOCUMENT# L04000089838

Entity Name: NOVECENTO L.L.C.

**Current Principal Place of Business:**

2275 BISCAYNE BLVD  
SUITE 1  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

2275 BISCAYNE BLVD  
SUITE 1  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 20-2970143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, OSVALDO J  
7951 SW 40TH STREET  
SUITE 206  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

GRANDA, BENIGNO  
2275 BISCAYNE BLVD.  
SUITE NO 1  
MIAMI, FL 33137 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: BENIGNO GRANDA      07/20/2008  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANGDON, ENRIQUE  
Address: 2275 BISCAYNE BLVD SUITE # 1  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: HASENCLEVER, ARNALDO  
Address: 2275 BISCAYNE BLVD. SUITE #1  
City-St-Zip: MIAMI, FL 33137

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: ENRIQUE LANGDON      MGRM      07/20/2008  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date