

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90050 014 \*\*\*138.75

<b>DOCUMENT # L05000001986</b>					
<b>1. Entity Name</b> MAPOCHO DEVELOPMENT LLC					
<b>Principal Place of Business</b> 4850 SW 72 AVENUE MIAMI, FL 33155 US			<b>Mailing Address</b> 4850 SW 72 AVENUE MIAMI, FL 33155 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 9840 SW 77th Ave Suite, Apt. #, etc. 301		<b>3. Mailing Address</b> 9840 SW 77th Ave Suite, Apt. #, etc. 301			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		01082008    Chg-LLC    CR2E083 (12/06)	
<b>Zip</b> 33150		<b>Country</b> USA		<b>4. FEI Number</b> 52-2448831	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  CERVANTES, PATRICIO 4850 SW 72 AVENUE MIAMI, FL 33155			<b>7. Name and Address of New Registered Agent</b> Name: Cervantes, Patricio Street Address (P.O. Box Number is Not Acceptable): 9840 SW 77th Ave. Suite 301 City: Miami    FL    Zip Code: 33150		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <i>P. Cervantes</i> (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>FILE NOW!!! FEE IS \$138.75 / After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGR NAME: CERVANTES, PATRICIO STREET ADDRESS: 4850 SW 72 AVENUE CITY-ST-ZIP: MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE: MGR NAME: Cervantes, Patricio STREET ADDRESS: 9840 SW 77th Ave, #301 CITY-ST-ZIP: Miami, FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
SIGNATURE: <i>P. Cervantes</i> Date:    Daytime Phone #:					