

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014171

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: CABO MEXICO INVESTMENT, LLC

## Current Principal Place of Business:

4770 BISCAYNE BLVD.  
SUITE 930  
MIAMI, FL 33137 US

## New Principal Place of Business:

## Current Mailing Address:

4770 BISCAYNE BLVD  
SUITE 930  
MIAMI, FL 33137 US

## New Mailing Address:

4770 BISCAYNE BLVD.  
SUITE 930  
MIAMI, FL 33137 US

FEI Number: 20-2325841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANCHEZ, JUAN C  
4770 BISCAYNE BLVD  
SUITE 930  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

SANCHEZ, JUAN C  
4770 BISCAYNE BLVD.  
SUITE 930  
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:

01/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SANCHEZ, JUAN CARLOS  
Address: 4770 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete  
Name: ENRIQUE, IGLESIAS  
Address: 4770 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SANCHEZ, JUAN CARLOS  
Address: 4770 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

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: JUAN CARLOS SANCHEZ

MGR

01/14/2009

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