


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90120 041 \*\*\*138.75

<b>DOCUMENT # L05000018285</b>	
1. Entity Name <b>XENTENARIO, LLC</b>	

Principal Place of Business <b>1111 KANE CONCOURSE SUITE 215 BAY HARBOR ISLES, FL 33154</b>	Mailing Address <b>1111 KANE CONCOURSE SUITE 215 BAY HARBOR ISLES, FL 33154</b>
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**60006184**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3929068</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JALIL, SERGIO D 1111 KANE CONCOURSE SUITE 215 BAY HARBOR ISLES, FL 33154</b>		Name <b>Corporation Company of Miami</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>201 S. Biscayne Blvd., Suite 1500</b>	
		City <b>Miami</b>	FL Zip Code <b>33131</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.	
By: <u>Raul J. Salas, President</u> <b>2-1-08</b>	
SIGNATURE	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>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>MGR/VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JALIL, SERGIO D MR</b>		NAME <b>Perez, Juan H</b>	
STREET ADDRESS <b>1111 KANE CONCOURSE, SUITE 215</b>		STREET ADDRESS <b>1111 Kane Concourse, Suite 215</b>	
CITY-ST-ZIP <b>BAY HARBOR ISLES, FL 33154</b>		CITY-ST-ZIP <b>Bay Harbor Isles, FL 33154</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>MGR/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EGEA, MIGUEL A MR</b>		NAME	
STREET ADDRESS <b>1111 KANE CONCOURSE, SUITE 215</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BAY HARBOR ISLES, FL 33154</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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<b>SIGNATURE:</b> <u>Miguel A. Egea</u>	<b>2-1-2008</b>	<b>(305) 379-9146</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
Date	Daytime Phone #	