2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000019509

1. Entity Name

HACIENDA SAN IGNACIO, LLC



FILED Mar 26, 2008 08:00 Al Secretary of State

Principal Place of Business

BOI BUSINESS

18600 SW 7 STREET PEMBROKE PINES, FL 33029 Mailing Address

PO BOX 824011

SOUTH FLORIDA, FL 33082



DO NOT WRITE IN THIS SPACE

03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-0113552

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PALACIOS, ALFREDO H 18600 SW 7 STREET PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE

8. Th	e above named entity submits this statement for the purpose of c e obligations of registered agent.	hanging its registered office or registered agent, or both	, in the State of Florida.	am familiar with, and accept
SIGN	ATURE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)		ATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000870757 04/09/08-80103-025 143.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	PALACIOS, ALFREDO H			
STREET ADDRESS	18600 SW 7 STREET			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			
TITLE	MGR			
NAME	PADRON-PALACIOS, ANA M			
STREET ADDRESS	18600 SW 7TH ST			
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ACCRESS				
CITY-ST-72P				
TITLE				
NAME				
STREET ADDRESS				

DO NOT WRITE IN THIS SPACE

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 required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGOIG MEMBER, OR AUTHORIZED REPRESENTATIVE

NP 84 940 C

954 4303838

Daytime Phone #