

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025703

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: LA COSTA INTERNATIONAL REALTY, LLC

## Current Principal Place of Business:

20801 BISCAYNE BLVD.  
SUITE 403  
AVENTURA, FL 33180

## New Principal Place of Business:

3440 HOLLYWOOD BLVD  
SUITE 415  
HOLLYWOOD, FL 33120

## Current Mailing Address:

20801 BISCAYNE BLVD.  
SUITE 403  
AVENTURA, FL 33180

## New Mailing Address:

3440 HOLLYWOOD BLVD  
SUITE 415  
HOLLYWOOD, FL 33120

FEI Number: 20-2490555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZVI RAFILOVICH, CPA, P.A.  
2229 SHERIDAN STREET  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FERNANDEZ, ALARICO  
Address: 20801 BISCAYNE BLVD., SUITE 403  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: VALDIVIESO, XOCHITL  
Address: 3440 HOLLYWOOD BLVD. STE 415  
City-St-Zip: HOLLYWOOD, FL 32021

## ADDITIONS/CHANGES:

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

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: XOCHITL VALDIVIESO

MGR

02/04/2008

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