


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90205 050 \*\*\*138.75

**DOCUMENT # L05000032500**  
 1. Entity Name  
**C.A. INVESTORS, L.L.C.**



|                                                                  |                                                      |
|------------------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business<br>3914 HAWKS CT<br>WESTON, FL 33331 | Mailing Address<br>3914 HAWKS CT<br>WESTON, FL 33331 |
|------------------------------------------------------------------|------------------------------------------------------|

00009736



04282008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-2707840 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ISICOFF, ERIC D. ESQ.  
 1200.BRICKELL AVENUE, STE. 1900  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

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

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                                       |
|----------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>DEL CASTILLO, RAFAEL<br>CENTRO CALLE DEL CURATO #38-82<br>CARTAGENA, COLOMBIA, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                       |

**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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Rafael Castillo* Date: 6/16/08 Daytime Phone #: 305-469-6053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #