

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041766

Entity Name: LONEHOME FLORIDA, LLC

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

1200 BRICKELL AVENUE, SUITE 1440  
MIAMI, FL 33131 US

## New Principal Place of Business:

1395 BRICKELL AVENUE, SUITE 827  
MIAMI, FL 33131 US

## Current Mailing Address:

1200 BRICKELL AVENUE, SUITE 1440  
MIAMI, FL 33131 US

## New Mailing Address:

1395 BRICKELL AVENUE, SUITE 827  
MIAMI, FL 33131 US

FEI Number: 06-1747490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIGUEROA, JUAN A PA CPA  
1428 BRICKELL AVENUE, STE. 206  
MIAMI, FL 33131 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: MGRM ( ) Delete  
Name: COSIO HUERTA, JOSE F  
Address: 1395 BRICKELL AVENUE, 8TH FLOOR  
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM ( ) Delete  
Name: VIVECO GESTION S.L.,  
Address: 1395 BRICKELL AVENUE, 8TH FLOOR  
City-St-Zip: MIAMI, FL 33131 US

## 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: JOSE F COSIO-HUERTA

MGRM

02/17/2009

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