

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052925

Entity Name: RICARDO 47, L.L.C.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

10544 NW 26TH ST  
SUITE E202  
DORAL, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

10544 NW 26TH ST  
SUITE E202  
DORAL, FL 33172

## New Mailing Address:

9737 NW 41 ST  
529  
MIAMI, FL 33178

FEI Number: 20-2909596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.  
10520 N.W. 26TH STREET, C-201  
DORAL, FL 33172      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: ECHEVERRIA, RICARDO  
Address: 10544 NW 26TH ST SUITE E202  
City-St-Zip: DORAL, FL 33178

Title: MGR      ( ) Delete  
Name: LUIGI 47, LLC,  
Address: 10544 NW 26TH ST SUITE E202  
City-St-Zip: DORAL, FL 33178

## 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: RICARDO ECHEVERRIA

MGR

05/01/2008

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