

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057844

Entity Name: BE OUR GUEST LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

6802 S.W. 81ST STREET
MIAMI, FL 33143

New Principal Place of Business:

7960 SW 74TH PLACE
MIAMI, FL 33143

Current Mailing Address:

6802 S.W. 81ST STREET
MIAMI, FL 33143

New Mailing Address:

7960 SW 74TH PLACE
MIAMI, FL 33143

FEI Number: 04-3817690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ROSANY H
6802 S.W. 81ST STREET
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

ALVAREZ, ROSANY H
7905 SW 74TH PLACE
MIAMI, FL 33143 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALVAREZ, ROSANY H
Address: 6802 S.W. 81ST STREET
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: NOVOA, ILEANA
Address: 6802 S.W. 81ST STREET
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALVAREZ, ROSANY H
Address: 7905 S W 74TH PLACE
City-St-Zip: MIAMI, FL 33143

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, PEDRO
Address: 9271 S W 13TH STREET
City-St-Zip: MIAMI, FL 33174

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: ROSANY H. ALVAREZ

MGR

04/29/2008

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