


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000059108 1. Entity Name PADRE ISLAND, L.L.C.	
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Principal Place of Business 1625 N. COMMERCE PARKWAY SUITE # 315 WESTON, FL 33326 US	Mailing Address 1625 N. COMMERCE PARKWAY SUITE # 315 WESTON, FL 33326 US
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DO NOT WRITE IN THIS SPACE



03182008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3005292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE 105 WESTON, FL 33326
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**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

U000000903860
04/30/08-80062-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBACETE, ALFONSO 1625 N. COMMERCE PARKWAY, SUITE # 315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, CIRO 1625 N. COMMERCE PARKWAY, SUITE #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOMBARDI, VINCENSO 1625 N COMMERCE PKWY #315 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

4/14/08

954-389-661

Date

Daytime Phone #