

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062380

Entity Name: ILCATI 3013, LLC

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

101 20TH STREET UNIT 1906  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

101 20TH STREET UNIT 1906  
MIAMI BEACH, FL 33139

**New Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134

FEI Number: 20-4507636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEGREDO, FRANK J ESQ.  
6080 SW 40TH STREET  
SUITE #5  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

03/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PEREDO RINCON, HECTOR MANUEL  
Address: 101 20TH STREET UNIT 1906  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PEREDO-RINCON, HECTOR MANUEL  
Address: 101 20TH STREET UNIT 1906  
City-St-Zip: MIAMI BEACH, FL 33139

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: HECTOR MANUEL PEREDO-RINCON

MGR

03/16/2009

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