

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000066934**  
 1. Entity Name  
**LORAMUR LIMITED LIABILITY COMPANY**



Principal Place of Business      Mailing Address  
**275 HARBOR DRIVE**      **275 HARBOR DRIVE**  
**KEY BISCAYNE, FL 33149**      **KEY BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



04052008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-3121497</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SUAREZ-MURIAS, JORGE**  
**275 HARBOR DRIVE**  
**KEY BISCAYNE, FL 33149**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

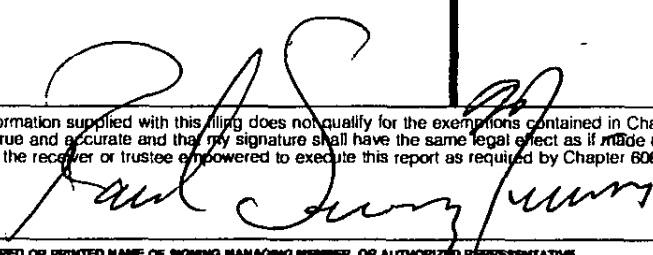
U00000916036  
 05/12/08-80012-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ-MURIAS, RAUL 5045 SW 65 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ-MURIAS, VICTORIA 5045 SW 65 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE 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 606, Florida Statutes.

**SIGNATURE:**  **4-5-08 786 268 1333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #