2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000067715

1. Entity Name SOL MAJORCA, LLC



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

8700 WEST FLAGLER STREET

SUITÉ 355 MIAMI, FL 33174 Mailing Address

8700 WEST FLAGLER STREET

SUITE 355

MIAMI, FL 33174



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3136009

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND STREET SUITE 2900 MIAMI, FL 33131

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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.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Signature, typed or printed name of registered agent and little if applicat

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000908717 05/06/08-80039-022 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEVELOPMENT INTERNATIONAL GROUP EQUITY COR 8700 WEST FLAGLER STREET, SUITE 355 MIAMI, FL 33174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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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: Ariel E. Gutierrez

01/07/2008

305 553-8911

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

Date

Daytime Phone #