

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068664

Entity Name: CLOVER HOLDINGS, LLC

FILED
Mar 12, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3138781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TURRIAGO, JUAN MANUEL
Address: CRA. 18, NO. 106-90, APTO. 206
City-St-Zip: BOGOTA, COLOMBIA, XX

Title: MGRM () Delete
Name: TOBON, BEATRIZ E
Address: CRA. 18, NO. 106-90, APTO. 206
City-St-Zip: BOGOTA, COLOMBIA, XX

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TURRIAGO, JUAN MANUEL
Address: CRA. 18, NO. 106-90, APTO. 206
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

Title: MGRM (X) Change () Addition
Name: TOBON, BEATRIZ E
Address: CRA. 18, NO. 106-90, APTO. 206
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

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: JUAN MANUEL TURRIAGO

MGRM

03/12/2008

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