



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000075257		
1. Entity Name MARISCAL AYACUCHO UNIVERSITY, L.L.C.		
Principal Place of Business 201 S BISCAYNE BLVD SUITE 2809 MIAMI, FL 33131	Mailing Address 201 S BISCAYNE BLVD SUITE 2809 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE		
		01182007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 20-3240823
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FIGUEROA, JUAN A 1428 BRICKELL AVENUE, SUITE 206 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAZA DUERTO, OCTAVIO 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTINEZ HIDALGO, LUIS E 452 GRAND CONCOURSE MIAMI SHORES, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZA DUERTO, ARISTIDES 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZA DUERTO, ORIANNA E 799 CRANDON BLVD., SUITE 601 KEY BISCAYNE, FL 33149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>* Orianna Maza / Manager / ORIANNA MAZA</i> 1/22/07		<i>*305-2402694</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>