

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082807

FILED
Sep 10, 2009
Secretary of State

Entity Name: SAN LORENZO INVESTMENTS, LLC

Current Principal Place of Business:

7301 CARLYLE AVENUE
APT. # 7
MIAMI BEACH, FL 33141

New Principal Place of Business:

2113 SW 58TH WAY
WEST PARK, FL 33023

Current Mailing Address:

3000 SW 22 STREET
APT.# 1610
MIAMI, FL 33145

New Mailing Address:

2113 SW 58TH WAY
WEST PARK, FL 33023

FEI Number: 71-0989046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CESPEDES, CARLOS DE
1200 BRICKELL AVENUE, SU ITE 1440
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CESPEDES, CARLOS DE
1805 PONCE DE LEON BLVD
SU ITE 500
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:

09/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSORIO, JULIAN DARIO
Address: 3000 SW 22 STREET # 1610
City-St-Zip: MIAMI, FL 33145

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OSORIO, JULIAN DARIO
Address: 2655 COLLINS AVENUE APT. 1911
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Change (X) Addition
Name: OSORIO, FRANCISCO
Address: 3340 NE 190 ST.
City-St-Zip: AVENTURA, FL 33180

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: JULIAN OSORIO

MGRM

09/10/2009

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