


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000090408 1. Entity Name EUROCON, L.L.C.	
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Principal Place of Business 2315 N.W. 107TH AVE. SUITE 1M-17 (BOX 52) MIAMI, FL 33172	Mailing Address 2315 N.W. 107TH AVE. SUITE 1M-17 (BOX 52) MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



04282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3820109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ANTONINI, GUILLERMO T 2315 N.W. 107TH AVE. SUITE 1M-17 (BOX 52) MIAMI, FL 33172
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

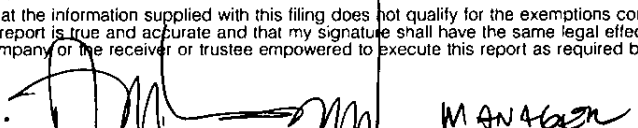
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000939095
05/28/08-80014-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WULFF, ADEL 2315 NW 107TH AVENUE, STE. 1M-17, BOX 52 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMBARD, LEONARDO 2315 NW 107TH AVENUE, STE. 1M-17, BOX 5223 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS, HENRY 2201 NW 102ND PLACE, BAY #3 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, ORLANDO 2201 NW 102ND PLACE, BAY #3 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMGARTNER, HANS 2315 NW 107 AVENUE, STE. 1M-17, BOX 52 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE:  **MANAGERS** **04/30/08** **786-621-5615**

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