

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090722

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: BEGUAFE, LLC

**Current Principal Place of Business:**

323 NAVARRE AVE.  
# 106  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

323 NAVARRE AVE.  
# 106  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-3465868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TONANTE, HECTOR O  
323 NAVARRE AVE  
APT # 106  
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: TONANTE, HECTOR O  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: CACACE, PATRICIA R  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: TONANTE, MARIA B  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: TONANTE, MARIA G  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: TONANTE, FEDERICO O  
Address: 323 NAVARRE AVE #106  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HECTOR O. TONANTE

MGRM

03/13/2008

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