## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000093225

Entity Name: SANTILLANE, LLC

**FILED** Dec 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1550 MADRUGA AVENUE, SUITE 320 1550 MADRUGA AVENUE, SUITE 332 CORAL GABLES, FL 33146

CORAL GABLES, FL 33146

**Current Mailing Address: New Mailing Address:** 

1550 MADRUGA AVENUE, SUITE 320 1550 MADRUGA AVENUE, SUITE 332

CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

HOY, DOUGLAS S LYKES, T

1550 MADRUGA AVENUE, SUITE 320 1550 MADRUGA AVENUE. SUITE 332 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

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: TLYKES 12/05/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change ( ) Addition

SANTILL AVENUE LCC. Name: Name: SANTILL AVENUE LCC, Address: 1550 MADRUGA AVENUE, SUITE 320 Address: 1550 MADRUGA AVENUE, SUITE 332

City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

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: TLYKES **MRGM** 12/05/2007