

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90103 003 \*\*\*138.75

60012398



<b>DOCUMENT # L05000093359</b> 1. Entity Name <b>CLARTE INTERNATIONAL PROPERTIES, LLC</b>					
Principal Place of Business <b>4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146</b>			Mailing Address <b>4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146</b>		
2. Principal Place of Business - No P.O. Box # <b>1790 Coral Way</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc.			
City & State <b>Coral Gables FL</b>		City & State		4. FEI Number <b>20-3638529</b>	
Zip <b>33145</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PADRON, CARLOS E ESQ. 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDEZ, HARVEY 4535 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZABALA, MARY 4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <span style="float: right;"><b>2/22/08</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					