2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000097686

Entity Name: 7963 HOLDINGS, LLC

Current Principal Place of Business:

7963 N.W. 14 STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7963 N.W. 14 STREET
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-3592112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRESCOTT, DRUCKER & VASALLO, P.L.
2605 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SERRANO, GLADYS
7963 N.W. 14 ST
DORAL, FL 33126 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: GLADYS SERRANO 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SERRANO, GLADYS M
Address: 7963 N.W. 14 STREET
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete
Name: SERRANO, RICARDO R
Address: 7963 N.W. 14 STREET
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete
Name: CABELLO, LUIS
Address: 7963 N.W. 14 STREET
City-St-Zip: MIAMI, FL 33126

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:

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: GLADYS SERRANO MGNR 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date