2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 11, 2008 8:00 am Secretary of State **DOCUMENT # L05000104278** 04-11-2008 90179 020 ***143.75 BARCO INVESTMENTS, LLC Principal Place of Business Mailing Address 60022081 PO BOX 526642 PO BOX 526642 MIAMI, FL 33152-6642 MIAMI, FL 33152-6642 ROAd 04012008 Chg-LLC CR2E083 (12/06) Applied For 4. FEI Number 76-0809714 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DIAZ, JUAN ESQ 5800 NORTHWEST 74TH AVENUE MIAMI: FL 33166 FL X4.5. the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept mits this statement for 8. The above named entry the obligations of register SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MUR ☐ Addition MGR TITLE Channe TITLE Delete Bared, Jose P 18001 old cutler road, suite 370 BARED, JOSE P NAME NAME STREET ADDRESS PO BOX 526642 STREET ADDRESS Palmetto Bay, FL 33157 CITY-ST-ZIP MIAMI, FL 331526642 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is truef 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.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYP