

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108843

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** PUERTA DEL SOL REAL ESTATES, LLC.

**Current Principal Place of Business:**

529 GREENBRIER AVENUE  
KISSIMMEE, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

1053 MAITLAND CENTER COMMONS  
MAITLAND, FL 32751 US

**New Mailing Address:**

529 GREENBRIER AVENUE  
KISSIMMEE, FL 34747 US

FEI Number: 41-2199834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HAGOOD, PETER P ESQ.  
1053 MAITLAND CENTER COMMONS  
SUITE 101  
MAITLAND, FL 32751 US

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

SANCHEZ, CIRIACO T PRES  
529 GREENBRIER AVENUE  
SUITE 101  
KISSIMMEE, FL 34747 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: CIRIACO SANCHEZ

05/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VILLATOLED0 INVERSORES, S.L.  
Address: NO. 10 PASEO DEL PRADO  
City-St-Zip: MADRID, ES 28014 ES

**ADDITIONS/CHANGES:**

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: CIRIACO SANCHEZ

PRES

05/06/2009

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