

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112495

FILED
Mar 27, 2007
Secretary of State

Entity Name: EL MONTE BOGOTA COMPANY LC

Current Principal Place of Business:

701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

New Mailing Address:

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

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC
701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DPGM () Delete
Name: MONTOYA, PABLO F
Address: 701 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: NAON, JR., ALBERTO
Address: 701 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: MCLEAN, JAMES R
Address: 701 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: DP (X) Change () Addition
Name: MONTOYA, PABLO F
Address: 701 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131

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 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: JAMES R. MCLEAN

T

03/27/2007

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