

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113478

FILED
Apr 05, 2007
Secretary of State

Entity Name: HATOMORE, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3831884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 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: MGR () Delete
Name: MORENO, LEONARDO
Address: DIAGONAL 42 NO. 49-57
City-St-Zip: BOGOTA, COLOMBIA,

Title: MGR () Delete
Name: MORENO REYES, JESUS
Address: DIAGONAL 42 NO. 49-57
City-St-Zip: BOGOTA, COLOMBIA,

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORENO, LEONARDO
Address: DIAGONAL 42 NO. 49-57 (59-57)
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

Title: MGR (X) Change () Addition
Name: MORENO REYES, JESUS
Address: DIAGONAL 42 NO. 49-57 (59-57)
City-St-Zip: BOGOTA, COLOMBIA, XX XX XX

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: LEONARDO MORENO

MGR

04/05/2007

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