

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116951

Entity Name: BETANCOURT & OBREGON, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

637 BALD CYPRESS RD
WESTON, FL 33327

New Principal Place of Business:

896 GOLDEN CANE DR.
WESTON, FL 33327

Current Mailing Address:

637 BALD CYPRESS RD
WESTON, FL 33327

New Mailing Address:

896 GOLDEN CANE DR.
WESTON, FL 33327

FEI Number: 20-3911100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBREGON, LUIS F
637 BALD CYPRESS RD
WESTON, FL 33327 US

Name and Address of New Registered Agent:

OBREGON, LUIS F
896 GOLDEN CANE DR.
WESTON, FL 33327 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:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OBREGON, LUIS F
Address: 637 BALD CYPRESS RD
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: BETANCOURT HENAO, JAIRO H
Address: 637 BALD CYPRESS RD
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OBREGON, LUIS F
Address: 896 GOLDEN CANE DR.
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Change () Addition
Name: BETANCOURT HENAO, JAIRO H
Address: 896 GOLDEN CANE DR.
City-St-Zip: WESTON, FL 33327

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: LUIS F. OBREGON

MGR

04/27/2007

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