| 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT                                  |   |          |  |
|---|---|----------|--|
| DOCUMENT # L05000  1. Entity Name GRANADA CONDOS INVESTO                      |   | <b>文</b> |  |
| Principal Place of Business<br>2950 SW 27TH AVENUE STE 300<br>MIAMI, FL 33133 | Mailing Address<br>2950 SW 27TH AVENUE STE 300<br>MIAMI, FL 33133 |          |  |

FILED Jul 22, 2008 08:00 AM Secretary of State



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07162008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4165941

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

XIQUES, ALFREDO D 2950 SW 27TH AVENUE STE 300 MIAMI, FL 33133

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| 8. Th | e above named entity submits this statement for the purpose of change obligations of registered agent. | ging its registered office or registered agent, or bot       | h, in the State of Florida. I am familiar with, and accept |
|-------|--|--|--|
| SIGN  | ATURE  |  | <u> </u>   |
|       | Signature, typed or printed name of registered agent and title if applicable                           | (NOTE: Registered Agent signature required when reinstating) | DATE   |
| •     | FH F MOMENT FFF 10 4F44 7F   |  |  |

## FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008

|  | 9.   | 9. MANAGING MEMBERS/MANAGERS  |  |  |
|--|--|---|--|--|
|  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR DELGADO, ROLANDO JR 2950 SW 27TH AVENUE STE 300 MIAMI, FL 33133 |  |  |
|  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |  |
|  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |  |
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|  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |  |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true 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.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

£/16/08

305 448 709 2

Daytime Pho