

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003716

FILED
Apr 28, 2009
Secretary of State

Entity Name: CIGARRAL INVESTMENTS LLC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 US

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 US

FEI Number: 83-0446951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, FERNANDEZ & COMPANY, P.A.
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & COMPANY, P.A.
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 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: GABRIEL PRATS

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORENO ROMERO, MARIA ANGELES
Address: 2121 PONCE DE LEON BLVD. 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORENO ROMERO, MARIA ANGELES
Address: 2121 PONCE DE LEON BLVD. 240
City-St-Zip: CORAL GABLES, FL 33134 US

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: MARIA ANGELES MORENO ROMERO

MGRM

04/28/2009

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