
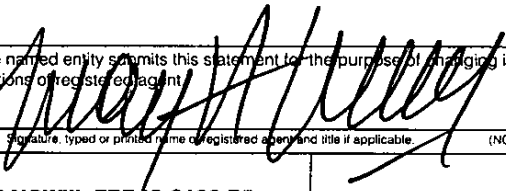
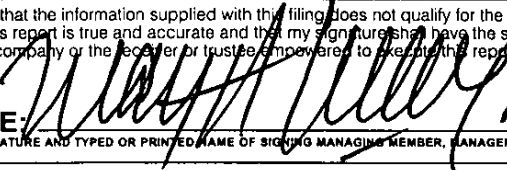


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90159 001 *3,191.25

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # L06000005349 1. Entity Name FELGIU REAL ESTATE INVESTMENT AND DEVELOPMENT, LLC | | | |  | |
| Principal Place of Business 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134 | | | Mailing Address 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 83-0446547 APPLIED FOR | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 16TH STREET FT. LAUDERDALE, FL 33311-4132 | | | 7. Name and Address of New Registered Agent Name Juan Vicente Urdaneta Street Address (P.O. Box Number is Not Acceptable) 2655 Lejeune Road, Suite 507 City Coral Gables FL Zip Code 33134 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CASCARANO, GIUSEPPE 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CASCARANO, FELICETTA 2655 LEJEUNE ROAD, SUITE 507 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 4/12/08 Daytime Phone # 305 728 1319 | | |