

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006950

FILED
Apr 21, 2009
Secretary of State

Entity Name: SHIMARANA, LLC

Current Principal Place of Business:

C/O ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD., STE. 306
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O ERNESTO SANCHEZ, P.A.
1313 PONCE DE LEON BLVD., STE. 301
CORAL GABLES, FL 33134

Current Mailing Address:

C/O ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD., STE. 306
CORAL GABLES, FL 33134

New Mailing Address:

C/O ERNESTO SANCHEZ, P.A.
1313 PONCE DE LEON BLVD., STE. 301
CORAL GABLES, FL 33134

FEI Number: 20-4154303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERNESTO SANCHEZ, P.A.
815 PONCE DE LEON BLVD.
SUITE 306
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ERNESTO SANCHEZ, P.A.
1313 PONCE DE LEON BLVD.
SUITE 301
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: ERNESTO SANCHEZ

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GIMENEZ, OSCAR E
Address: C/O 815 PONCE DE LEON BLVD. #306
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: SCHIARTI, MARIA E
Address: C/O 815 PONCE DE LEON BLVD. #306
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS () Delete
Name: GIMENEZ, VICTORIA
Address: C/O 815 PONCE DE LEON BLVD. #306
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GIMENEZ, OSCAR E
Address: C/O 1313 PONCE DE LEON BLVD. #301
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change () Addition
Name: SCHIARTI, MARIA E
Address: C/O 1313 PONCE DE LEON BLVD. #301
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS (X) Change () Addition
Name: GIMENEZ, VICTORIA
Address: C/O 1313 PONCE DE LEON BLVD. #301
City-St-Zip: CORAL GABLES, FL 33134

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: ERNESTO SANCHEZ

MR

04/21/2009

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