2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L06000009157

Entity Name: GUITELMAN DEVELOPERS, L.L.C.

Current Principal Place of Business:

2020 N.E. 203RD STREET
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

2020 N.E. 203RD STREET
MIAMI, FL 33179

New Mailing Address:

FEI Number: 20-4176003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GUITELMAN, ADOLFO
2020 N.E. 203RD STREET
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GUITELMAN, ADOLFO
Address: 2020 N.E. 203RD STREET
City-St-Zip: MIAMI, FL 33179

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: GUITELMAN, NESTOR
Address: 2020 N.E. 203RD STREET
City-St-Zip: MIAMI, FL 33179

Title: MGR ( ) Change (X) Addition
Name: GUITELMAN, ADOLFO
Address: 2020 N.E. 203RD STREET
City-St-Zip: MIAMI, FL 33179

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: ADOLFO GUITELMAN MGR 05/02/2008

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