#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L06000010153

1. Entity Name HENARRO, LLC



Principal Place of Business

Mailing Address

901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134

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

05-01-2008 90021 005 \*\*\*138.75

**600000~**~



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01092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0489350

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134

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<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and	accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOWIII FEE IS \$138.75			:

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENAO, JORGE A 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134
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# DO NOT WRITE IN THIS SPACE

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:

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR

4/28/08

Daysme Phone #