2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

DOCUMENT # L06000022570 1. Entity Name PROMOTORA G & D, LLC				20	OTMAY IO	PM 11: 30	6	
Principal Place of Business	Mailing Address		NE WE DE	S TA	ECRETARY LLAHASSEI	OF STATE	ιA	
1200 BRICKELL AVE., STE. 860 MIAMI, FL 33131	1200 BRICKELL A MIAMI, FL 33131)					
2. Principal Place of Business - No P.O	. Box # 3. Mailing Address							
Suite, Apt. #, etc	Suite, Apt. #, etc.			03162007	Chg-LLC	CR2E083	`	
City & State x	City & State			4. FEI Number			Not	plied For t Applicable
Zip Country	Zip	Count	try	5. Certificate of		Fee	.00 Addi Required	
6. Name and Address	of Current Registered Agent		Name C 1		ddress of New R	egistered Age	nt	
LOPEZ, PETER M 1200 BRICKELL AVE., STE. 86	60		LOTO!	M. Lope P.O. Box Number NW 150	is Not Acceptable	3 - 901		
MIAMI, FL 33131	· -		1911	NW 150	THVE, S	TE OUI		
				broke fin		FL	Zip Code 33C	
8. The above named entity submits this the obligations of registered agent.	statement for the purpose of changi	ing its registere	ed office or registe	red agent, or both,	, in the State of Flo	orida. I am fam	iliar with, a	and accept
SIGNATURE // 19/12	V			3/20	07			_W
SIGNATURE // 19/12	registered agent and title if applicable.		d Agent signature require	3/20	107	DATE		<u> </u>
SIGNATURE // 19/12	V			3/20	0/07 Mak	DATE e check paya n Department		— 12.
SIGNATURE Signature, you'd or pured named Filling Fee is \$50.06 Due by May 1, 2007	V			3/20	0/07 Mak	e check paya a Department		;
Filing Fee is \$50.06 Due by May 1, 2007 9. MANAG	Tegistered agent and title if applicable.	(NOTE: Registered	d Agent signature require	S Z C	Mak Florida ADDITIONS	e check paya a Department CHANGES	of State	Addition
Filing Fee is \$50.06 Due by May 1, 2007 9. MANAGE TITLE MGR NAME GIUSTI, EMILIA STREET ADDRESS 1200 BRICKELL AVE	Pagestered agent and title if applicable. SING MEMBERS/MANAGERS Delete	(NOTE: Registered	d Agent signature require	S Z C	Mak Florida	e check paya a Department CHANGES	of State	Addition
SIGNATURE Filing Fee is \$50.08 Due by May 1, 2007 9. MANAGO MA	Pagestered agent and title if applicable. SING MEMBERS/MANAGERS Delete	(NOTE: Registered	d Agent signature require	S Z C	Mak Florida ADDITIONS	e check pays a Department CHANGES CHANGES CHANGES CHANGES	of State	Addition
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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 riceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

MOR

3/20/01

Onutima Phone #