

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000025382

1. Entity Name
QUENIQUEA INVESTMENTS, L.L.C.



Principal Place of Business
**1625 NORTH COMMERCE PARKWAY
SUITE # 315
WESTON, FL 33326 US**

Mailing Address
**1625 NORTH COMMERCE PARKWAY
SUITE # 315
WESTON, FL 33326 US**



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4572367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE # 105
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROJAS, LUIS ANDRES
STREET ADDRESS	1625 NORTH COMMERCE PARKWAY, # 315
CITY-ST-ZIP	WESTON, FL 33326

TITLE	MGRM
NAME	WULKOP, GABRIELE
STREET ADDRESS	1625 NORTH COMMERCE PARKWAY # 315
CITY-ST-ZIP	WESTON, FL 33326

TITLE	
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CITY-ST-ZIP	

U00000944125
05/29/08-80088-008 138.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/08