2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# L06000030225

Entity Name: GRUPO ALVAMAR, LLC

Current Principal Place of Business:

CARRERA 15 A # 10 A-03, CASA 106
PRADOS DE MONTICELLO
MEDELLIN, COLOMBIA,

New Principal Place of Business:

CARRERA 15 A # 10 A-03, CASA 106
PRADOS DE MONTICELLO
MEDELLIN, CO COLOMBIA

Current Mailing Address:

CARRERA 15 A # 10 A-03, CASA 106
PRADOS DE MONTICELLO
MEDELLIN, COLOMBIA,

New Mailing Address:

CARRERA 15 A # 10 A-03, CASA 106
PRADOS DE MONTICELLO
MEDELLIN, CO COLOMBIA

FEI Number: 98-0504654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWK, HOLLY M
397 INTERSTATE BLVD.
SARASOTA, FL 34240 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: MGRM ( ) Delete
Name: ALVAREZ GIL, JUAN FERNANDO
Address: CARRERA 15 A # 10 A-03, CASA 106
City-St-Zip: MEDELLIN, CO COLOMBIA

Title: MGRM ( ) Delete
Name: MARTINEZ MARTINEZ, DIANA REGINA
Address: CARRERA 15 A # 10 A-03, CASA 106
City-St-Zip: MEDELLIN, CO COLOMBIA

ADDITIONS/CHANGES:

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

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

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: HH HH 01/17/2008

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