2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# L06000033780

Entity Name: CAJA DE PENSIONES VITALICIAS, LLC

Current Principal Place of Business:

1114 S. DOUGLAS RD., SUITE 6
CORAL GABLES, FL 33134

New Principal Place of Business:

2135 BAY DRIVE, SUITE 2
MIAMI, FL 33141

Current Mailing Address:

1114 S. DOUGLAS RD., SUITE 6
CORAL GABLES, FL 33134

New Mailing Address:

2135 BAY DRIVE, SUITE 2
MIAMI, FL 33141

FEI Number: 20-4615573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGRAMUNT, LUIS
1114 S. DOUGLAS RD., SUITE 6
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AGRAMUNT, LUIS
1101 BRICKELL AVENUE, SUITE 801
MIAMI, FL 33131 US

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: LUIS AGRAMUNT 01/31/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AGRAMUNT, LUIS
Address: 1114 S. DOUGLAS RD., SUITE 6
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: AGRAMUNT, LUIS
Address: 1101 BRICKELL AVENUE, SUITE 801
City-St-Zip: MIAMI, FL 33131

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: LUIS AGRAMUNT MGR 01/31/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date