2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000038088



Principal Place of Business

2906 DOUGLAS ROAD, SUITE 101 CORAL GABLES, FL 33134 Mailing Address

2906 DOUGLAS ROAD, SUITE 101 CORAL GABLES, FL 33134

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



04292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4664225

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TORRENT, ERNESTO V 2906 DOUGLAS ROAD, SUITE 101 CORAL GABLES, FL 33134

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 (amiliar 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

U00000946127 05/30/08-80036-001 143.75

9. MANAGING MEMBERS/MANAGERS IIILE MGRM NAME TORRENT, ERNESTO V	
STREET ADDRESS 2906 DOUGLAS ROAD, SUITE 101	
CITY-SI-ZIP CORAL GABLES, FL 33134	
TITLE	
NAME	
SIREET AODRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, 1 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:

Ernesto V Torrent

April 29, 2008

444 250LJ

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

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Daytime Phone #