
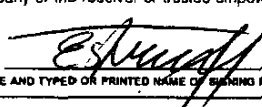


FILED
Mar 14, 2008 8:00 am
Secretary of State

02-14-2008 90071 006 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000039639		
1. Entity Name TIENDA MEXICANA MARI LLC		
Principal Place of Business 17312 HWY 19 FANNING SPRINGS, FL 32693 US		Mailing Address 11380 NW 114TH AVE CHIEFLAND, FL 32626 US
DO NOT WRITE IN THIS SPACE		
		02052008 No Chg-LLC CR2E083 (12/07)
4. FEI Number 33-1136434		Applied For <input checked="" 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		
OSORIO, ESTER 17312 HWY 19 FANNING SPRINGS, FL 32693		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSORIO, ESTER M 11380 NW 114TH AVENUE CHIEFLAND, FL 32626	DO NOT WRITE IN THIS SPACE
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____		