

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000043418

1. Entity Name
LOPEZ & PARTNERS, L.L.C.



Principal Place of Business
2600 DOUGLAS ROAD, SUITE 811
CORAL GABLES, FL 33134

Mailing Address
2600 DOUGLAS ROAD, SUITE 811
CORAL GABLES, FL 33134



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4765694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, VALENTIN
2600 DOUGLAS ROAD, SUITE 811
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 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

04/18/08-80032-019 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LOPEZ, VALENTIN
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 811
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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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

4/4/08

Date

34446030

Daytime Phone #