2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047219

1. Entity Name
142 GIRALDA LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:44

Principal Place of Business	Mailing Address
201 CROSS STREET MIAMI SPRINGS, FL 33166	201 CROSS STREET MIAMI SPRINGS, FL 33166

03242008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4967892
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARGUELLES, FRANCISCO J
201 CROSS STREET
MIAMI SPRINGS, FL 33166

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

700130999847
06/06/08--01027--015 **2453.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAIDEN, AMIN
STREET ADDRESS	1643 BRICKELL AVE, APT 2305
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGRM
NAME	SAIDEN, SILVIA
STREET ADDRESS	1643 BRICKELL AVE, APT 2305
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	MGRM
NAME	SAIDEN DE NAVARRO, SILVIA
STREET ADDRESS	1643 BRICKELL AVE, APT 2305
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

B. Bullock JUN 02 2008

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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: Silvia Saiden 03/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #