2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008
Secretary of State

DOCUMENT# L06000052104

Entity Name: EL REFUGIO, LLC.

Current Principal Place of Business:

16171 BLATT BLVD
SUITE 203
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

16171 BLATT BLVD
SUITE 203
WESTON, FL 33326

New Mailing Address:

2723 CENTER COURT DR
WESTON, FL 33332

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC,
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CIFUENTES, LIDA
Address: 16171 BLATT BLVD SUITE 203
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete
Name: CIFUENTES, EVA
Address: 16171 BLATT BLVD SUITE 203
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LIDA CIFUENTES MGRM 05/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date