2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# L06000052135

Entity Name: CABANA CAY 115, LLC

Current Principal Place of Business:

17188 WEST FRONT BEACH RD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

300 SEVILLA AVENUE
201
CORAL GABLES, FL 33134

New Mailing Address:

5805 BLUE LAGOON DRIVE
200
MIAMI, FL 33126

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
300 SEVILLA AVENUE
STE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126 US

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: AG CORPORATE SERVICES,LLC 04/14/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CASTILLO, GUSTAVO
Address: AV.ESTANCIA CCCT TORRE B PISO 11 OF 1107
City-St-Zip: CHUAO, CARACAS, . VENEZUELA

Title: MGR ( ) Delete
Name: RUMBOS, FLAVIO
Address: ESTANCIA CCCT TORRE B PISO 11 OF 1107
City-St-Zip: CHUAO, CARACAS, . VENEZUELA

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 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: GUSTAVO CASTILLO MGR 04/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date