

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070815

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: LA VIRGEN, LLC

**Current Principal Place of Business:**

260 CRANDON BLVD., #53  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

260 CRANDON BLVD., #53  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-5669466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

HOLDING MANAGEMENT, LLC  
260 CRANDON BLVD.  
#53  
KEY BISCAYNE, FL 33149 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: JOSE L. ARISTIZABAL, MGR OF HOLDING MGMT

04/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: LA HERRADURA, INC.,  
Address: 260 CRANDON BOULEVARD, #53  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Change (X) Addition  
Name: TELERINES, INC.,  
Address: 260 CRANDON BOULEVARD, #53  
City-St-Zip: KEY BISCAYNE, FL 33149

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: JOSE L. ARISTIZABAL, PRES OF TELERINES

MGRM

04/11/2007

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