


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000073159</b> 1. Entity Name LA VIA PROPERTY INVESTMENTS LLC	
---	---

Principal Place of Business 1965 HARBOR VIEW CIRCLE WESTON, FL 33327 US	Mailing Address 1965 HARBOR VIEW CIRCLE WESTON, FL 33327 US
---	---



04142008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5270727	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  BERTORELLI, RAFAEL 1820 N CORPORATE LAKES BLVD 207 WESTON, FL 33326
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRERA, MIGUEL 1965 HARBOR VIEW CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRERA, GLADYS 1965 HARBOR VIEW CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000901750  
 04/29/08-80081-013 138.75

**DO NOT WRITE 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:**  **April 11, 2008**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #