

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000076571</b>						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;">             ACCOUNTS RECEIVABLE DEPT.              2007 FEB 12 P 3-29              RECEIVED           </div>	
<b>1. Entity Name</b> INVERSIONES DERECHO, LLC							
<b>Principal Place of Business</b> 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 FL				<b>Mailing Address</b> 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 FL			
<b>2. Principal Place of Business - No P.O. Box #</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  CTC MANAGEMENT SERVICES, LLC 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>			
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
MGR Commercebank Trust Company, N.A. 220 Alhambra Circle, 11th Floor Coral Gables, FL 33134				02/26/07-90310-048 - \$55.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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<b>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.</b>							
Commercebank Trust Company, N. A. as Manager							
<b>SIGNATURE:</b> 1) <i>[Signature]</i> 2) <i>[Signature]</i>				Date: 1-5-2007 Daytime Phone #: (305) 441-5555			