

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000076571

1. Entity Name  
INVERSIONES DERECHO, LLC



**FILED  
Mar 31, 2008 8:00 am  
Secretary of State**

03-31-2008 90267 006 \*\*\*143.75

00018271



01042008 Chg-LLC CR2E083 (12/06)

Principal Place of Business		Mailing Address	
220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 FL		220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 FL	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<p>CTC MANAGEMENT SERVICES, LLC 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134</p>			
7. Name and Address of New Registered Agent			
<p>Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code</p>			

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERCEBANK TRUST COMPANY NA 220 ALHAMBRA CIRCLE 11TH FL CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mercantil Commercebank Trust Comp., N.A. 220 Alhambra Circle, 11th Floor Coral Gables, Fl 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*John J. Paredes Jr.* AUS 01/08/2008 305-441-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #