
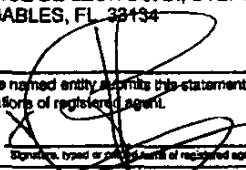
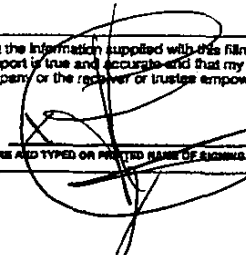


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 SEP 24 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000081718				
1. Entity Name LA TORRETA, LLC				
Principal Place of Business GOLDSTEIN SCHECHTER PRICE LUCAS HWITZ 2121 PONCE DE LEON BLVD., STE. 1100 CORAL GABLES, FL 33134		Mailing Address GOLDSTEIN SCHECHTER PRICE LUCAS HWITZ 2121 PONCE DE LEON BLVD., STE. 1100 CORAL GABLES, FL 33134		
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	
4. FEI Number 42-1731477		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KREDI, ALBERT % GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ 2121 PONCE DE LEON BLVD., STE. 1100 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name ABRAHAM HAYON CHOCRON Street Address (P.O. Box Number is Not Acceptable) c/o GSK 2121 PONCE DE LEON BLVD, 11th Floor City CORAL GABLES FL Zip Code 33134		
8. The above named entity certifies 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 		DATE		
Signature typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when retreating.		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOCRON, ABRAHAM HAYON 2121 PONCE DE LEON BLVD., STE. 1100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900136248629 09/23/08--01020--008 ***138 <input 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	
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 606, Florida Statutes.				
SIGNATURE: 		DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE		