

# **2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000091605

**FILED**  
**Jun 16, 2008**  
**Secretary of State**

**Entity Name:** HOLDERNESS INVESTMENTS, LLC

**Current Principal Place of Business:**

100 SE SECOND STREET, SUITE 4000  
ATTN: ROBERT MACAULAY  
MIAMI, FL 33131 US

**New Principal Place of Business:**

3333 RICE STREET  
SUITE 402  
MIAMI, FL 33133 US

**Current Mailing Address:**

100 SE SECOND STREET, SUITE 4000  
ATTN: ROBERT MACAULAY  
MIAMI, FL 33131 US

**New Mailing Address:**

3333 RICE STREET  
SUITE 402  
MIAMI, FL 33133 US

**FEI Number:** 71-1012428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CFRA, LLC  
4221 WEST BOY SCOUT BLVD  
10TH FLOOR  
TAMPA, FL 336075736 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FERREIRA, LUIS  
Address: 100 SE SECOND STREET, SUITE 4000  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PAVAO, PEDRO  
Address: 3333 RICE STREET, SUITE 402  
City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify 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:** PEDRO PAVAO

MGRM

06/16/2008

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