

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102222

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: QUORUM CAPITAL PROPERTIES, LLC

**Current Principal Place of Business:**

20822 NW 1ST  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

20822 NW 1ST  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 20-5751148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, JAVIER  
20822 NW 1ST  
PEMBROKE PINES, FL 33029 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: ECHAVARRIA, ALVARO  
Address: 19101 MYSTIC POINTE DR # 210  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: TABARES, RUTH  
Address: 19101 MYSTIC POINTE DR # 210  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: SANCHEZ, LUIS FERNANDO  
Address: 20822 NW 1ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete  
Name: LONDONO, FELIPE  
Address: 3410 GALT OCEAN DR 2104N  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: MGRM ( ) Delete  
Name: MORALES, IVAN  
Address: 18151 NE 31 CT #2012  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FELIPE LONDONO

MGRM

04/10/2008

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