

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108755

FILED
Sep 14, 2007
Secretary of State

Entity Name: CERCAR LLC

Current Principal Place of Business:

5201 BLUE LAGOON 8TH FL
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON 8TH FL
MIAMI, FL 33126

New Mailing Address:

C/O 8500 WEST FLAGLER STREET
STE B208
MIAMI, FL 33144

FEI Number: 20-5894342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TACORONTE, BERNARDO C
8500 WEST FLAGLER STREET STE B2208
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

TACORONTE, BERNARDO C
8500 WEST FLAGLER STREET STE B208
MIAMI, FL 33144 US

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: _____

09/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VELAZQUEZ, SERVANDO C
Address: 5201 BLUE LAGOON 8TH FL
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: NUNEZQUEZ, SOFIZ ALEJANDR C
Address: 5201 BLUE LAGOON 8TH FL
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

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: BERNARDO C. TACORONTE

RA

09/14/2007

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