

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

|                                                                        |                                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000109472</b><br>1. Entity Name<br><b>LARFAM, LLC</b> |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>3971 SW 8 ST., SUITE 205<br/>MIAMI, FL 33134</b> | Mailing Address<br><b>3971 SW 8 ST., SUITE 205<br/>MIAMI, FL 33134</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01232008No Chg-LLC CR2E083 (12/07)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-5899567</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |

6. Name and Address of Current Registered Agent

**LARRIEU, MANUEL A  
3971 SW 8 ST., SUITE 205  
MIAMI, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

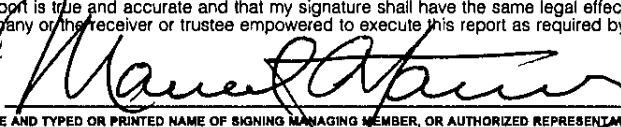
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LARRIEU, MANUEL A<br>3971 SW 8 ST., SUITE 205<br>MIAMI, FL 33134     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LARRIEU, MARIA T<br>3971 SW 8 ST., SUITE 205<br>MIAMI, FL 33134      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FALCON, KRISTINA L<br>3971 SW 8 ST., SUITE 205<br>MIAMI, FL 33134    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BRIONES, PATRICIA L<br>3971 SW 8 ST., SUITE 205<br>MIAMI, FL 33134   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LARRIEU, TESSIE MARIE<br>3971 SW 8 ST., SUITE 205<br>MIAMI, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LARRIEU, MANUEL A II<br>3971 SW 8 ST., SUITE 205<br>MIAMI, FL 33134  |

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000000813300  
02/18/08-80006-021 138.75

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:**  **1-23-2008** **305 444-6716**

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