
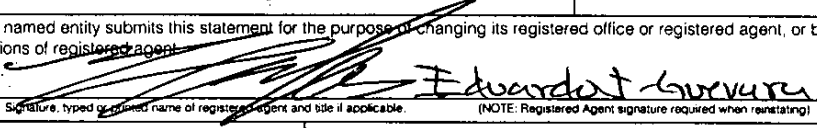



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90022 040 ***138.75

DOCUMENT # L06000111534					
1. Entity Name GUEVARERA, LLC					
Principal Place of Business 3016 TOWER OAKS DRIVE ORANGE PARK, FL 32065			Mailing Address 3016 TOWER OAKS DRIVE ORANGE PARK, FL 32065		
2. Principal Place of Business - No P.O. Box # 4495 Roosevelt Blvd #405		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State		4. FEI Number 20-5876787	
Zip 32210		Country D.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L 1930 SAN MARCO BLVD., SUITE 201 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 				DATE 4/20/08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM		<input type="checkbox"/> Delete		
NAME	GUEVARA, EDUARDO J				
STREET ADDRESS	3016 TOWER OAKS DRIVE				
CITY - ST - ZIP	ORANGE PARK, FL 32065				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
10. ADDITIONS/CHANGES					
TITLE	MGR		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Mig. Andres Guevara				
STREET ADDRESS	2492 Quiet Waters Loop				
CITY - ST - ZIP	Orange, FL 32061				
TITLE	MGR / Admin		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Gloria Barrozz				
STREET ADDRESS	2492 Quiet Waters Loop				
CITY - ST - ZIP	Orange, FL 32061				
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: 				DATE 4/20/08 (904) 406-581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					