2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Jan 24, 2008 8:00 am **DOCUMENT # L06000111565 Secretary of State** 01-24-2008 90070 014 ***138.75 HACÍENDA DEL SOL ANDALUSIANS, LLC Principal Place of Business Mailing Address **6730 69TH STREET 6730 69TH STREET** PUUU3613 VERO BEACH, FL 32967 VERO BEACH, FL 32967 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E083 (12/06) Chg-LLC City & State 4 EEI Number Applied For City & State Not Applicable _90-0321349_ Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLENN, GEORGE ESQ. Street Address (P.O. Box Number is Not Acceptable) **7555 20TH STREET** VERO BEACH, FL 32966 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE □ Delete TITLE Change ☐ Addition MANDINA, MARIA NAME NAME **6730 69TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change Addition MANDINA, LEONARDO NAME NAME STREET ADDRESS 6730 69TH ST STREET ADDRESS VERO BEACH, FL 32967 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

FUTNORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED