

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116514

FILED
May 01, 2009
Secretary of State

Entity Name: ALBORADA INVESTMENTS, LLC

Current Principal Place of Business:

1862 SW 124 PLACE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

1862 SW 124 PLACE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-5996174 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:

Name and Address of New Registered Agent:

IMAZIO, CARLOS A
1862 SW 124 PLACE
MIAMI, FL 33175 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ESTITCA HOMES CORP.
Address: 1862 SW 124 PLACE
City-St-Zip: MIAMI, FL 33175

Title: MGRM () Delete
Name: URANGA, MARIO ATILIO E
Address: 1862 SW 124 PLACE
City-St-Zip: MIAMI, FL 33175

Title: MGRM () Delete
Name: NECZYPORUK, PEDRO IGNACIO
Address: 1862 SW 124 PLACE
City-St-Zip: MIAMI, FL 33175

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:

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: CARLOS IMAZIO

AG

05/01/2009

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