### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L06000119079

1. Entity Name
SALAMANCA VENTURES, LLC



FILED Apr 17, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

8700 WEST FLAGLER STREET, STE 355 MIAMI, FL 33174

8700 WEST FLAGLER STREET, STE 355 MIAMI, FL 33174



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8055248

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. SECOND STREET, STE 2900 MIAMI, FL 33131

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8.	<ul> <li>The above named entity submits this statement for the purpose of changi the obligations of registered agent</li> </ul>	ing its registered office or registered agent, or both.	in the State of Florida.	I am familiar with, and accept
S	iGNATURE_			
_	Spinature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	Г	ATE

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

U00000903780 04/30/08-80059-018 138.75

MANAGING MEMBERS/MANAGERS 9. TITLE MGR CG EQUITY CORP. NAME 8700 WEST FLAGLER STREET, STE 355 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS

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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: Ariel E. Gutierrez

CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

> 01/07/2008 Date

305 553-8911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #