

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123106

FILED
Feb 23, 2009
Secretary of State

Entity Name: BEQUI HOMES FIRST ADDITION, LLC

Current Principal Place of Business:

11865 S.W. 26 STREET
SUITE B-14
MIAMI, FL 33175 US

New Principal Place of Business:

13220 SW 132AVE.
UNIT 2
MIAMI, FL 33186 US

Current Mailing Address:

11865 S.W. 26 STREET
SUITE B-14
MIAMI, FL 33175 US

New Mailing Address:

13220 SW 132AVE.
UNIT 2
MIAMI, FL 33186 US

FEI Number: 20-8134407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTA-CRUZ, ERIC
1212 MANATI AVENUE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: SANTA-CRUZ, ERIC
Address: 11865 S.W. 26 STREET
City-St-Zip: MIAMI, FL 33175 US

Title: MGRM () Delete
Name: PERNAS, DELFIN
Address: 11865 S.W. 26 STREET
City-St-Zip: MIAMI, FL 33175 US

Title: MGRM () Delete
Name: PERNAS, JORGE A
Address: 11865 S.W. 26 STREET
City-St-Zip: MIAMI, FL 33175 US

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: ERIC SANTA-CRUZ

MGRM

02/23/2009

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