

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005950

Entity Name: PASOFINO 59 HOLDINGS, LLC

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

2787 EAST OAKLAND PARK BLVD.
SUITE 411
FT. LAUDERDALE, FL 33306 US

Current Mailing Address:

10167 W. SUNRISE BLVD., 3RD FLOOR
PLANTATION, FL 33322

New Principal Place of Business:

10167 W. SUNRISE BLVD.,
3RD FLOOR
PLANTATION, FL 33322 US

New Mailing Address:

10167 W. SUNRISE BLVD.,
3RD FLOOR
PLANTATION, FL 33322 US

FEI Number: 20-8299941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEROME L. FEPPS, P.A.
10167 W. SUNRISE BLVD., 3RD FLOOR
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

JEROME L. TEPPS, P.A.
10167 W. SUNRISE BLVD., 3RD FLOOR
PLANTATION, FL 33322 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: JEROME L. TEPPS

01/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAROWE ACQUISITION, GROUP
Address: 10167 W. SUNRISE BLVD., 3RD FLOOR
City-St-Zip: PLANTATION, FL 33322 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WAROWE ACQUISITION, CORPORATION
Address: 10167 W. SUNRISE BLVD., 3RD FLOOR
City-St-Zip: PLANTATION, FL 33322 US

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: RONALD S. FRIEDMAN

PRES

01/15/2008

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