

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006062

FILED
Feb 04, 2008
Secretary of State

Entity Name: HENAO + BUGAY, LLC

Current Principal Place of Business:

2300 EAST LAS OLAS BLVD., SUITE 500
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

1930 SEAGRAPE AVENUE
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-8256132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUGAY, STEVEN J
1930 SEAGRAPE AVENUE
PEMBROKE PINES, FL 33026 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: MGR () Delete
Name: BUGAY, STEVEN J
Address: 2300 EAST LAS OLAS BLVD., SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: HENAO, GIOVANA
Address: 2300 EAST LAS OLAS BLVD., SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: O'SHAUGHNESSY, JAMES
Address: 2300 EAST LAS OLAS BLVD., SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33301

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: GIOVANA HENAO

MGR

02/04/2008

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