


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90050 046 \*\*\*138.75

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # L07000010059</b> |  |
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| 1. Entity Name<br><b>CAPOEIRA.BRAZILIAN PELOURINHO EAST, LLC</b> |
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| Principal Place of Business<br><b>10341 ROCKING A RUN<br/>ORLANDO, FL 32825 US</b> | Mailing Address<br><b>10341 ROCKING A RUN<br/>ORLANDO, FL 32825 US</b> |
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|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br><b>5230 Vanguard Street</b> |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                               |
| City & State                                   | City & State<br><b>Orlando, FL</b>                |
| Zip  | Country<br><b>U.S.A</b>                           |



07072008 Chg-LLC CR2E083 (12/06)

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|--|--|
| 4. FEI Number  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>ARMEN, ROBERTO<br/>10341 ROCKING A RUN<br/>ORLANDO, FL 32825</b> | 7. Name and Address of New Registered Agent<br>Name <b>Lazaro Santos</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5230 Vanguard Street</b><br>City <b>Orlando</b> FL Zip Code <b>32819</b> |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lazaro Santos* (NOTE: Registered Agent signature required when reinstating) DATE 07/07/08

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|--|--|---|
| <b>FILE NOW!!! FEE IS \$138.75<br/>Due by September 12, 2008</b> | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to<br><b>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>ARMEN, REGINA R<br/>10341 ROCKING A RUN<br/>ORLANDO, FL 32825</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P LAZARO SANTOS<br/>5230 Vanguard Street<br/>Orlando, FL 32819</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>ARMEN, ROBERTO<br/>10341 ROCKING A RUN<br/>ORLANDO, FL 32825</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Lazaro Santos* DATE 07/07/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #