

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Aug 19, 2008
Secretary of State**

DOCUMENT# L07000013015

Entity Name: JUDITH CARDENAS, L.L.C

Current Principal Place of Business:

15751 SHERIDAN ST
302
FORT LAUDERDALE, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

15751 SHERIDAN ST
302
FORT LAUDERDELE, FL 33331 US

New Mailing Address:

15751 SHERIDAN ST
302
FORT LAUDERDALE, FL 33331 US

FEI Number: 26-0246884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLAYA, JONATHAN
15751 SHERIDAN ST
302
FORT LAUDERDALE, FL 33331 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: OLAYA, JONATHAN
Address: 15751 SHERIDAN ST.
City-St-Zip: FORT LAUDERDALE, FL 33331 US

Title: MGRM () Delete
Name: URRIBAGO, GLORIA P
Address: 15751 SHERIDAN ST
City-St-Zip: FORT LAUDERDALE, FL 33331 US

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: OLAYA, JONATHAN S
Address: 15751 SHERIDAN ST.
City-St-Zip: FORT LAUDERDALE, FL 33331 US

Title: PD (X) Change () Addition
Name: BRAVO, LUISA F
Address: 15751 SHERIDAN ST
City-St-Zip: FORT LAUDERDALE, FL 33331 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: JONATHAN S OLAYA

VP

08/19/2008

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