
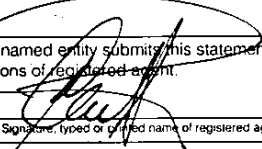
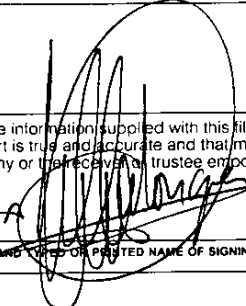


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90018 009 \*\*\*138.75

<b>DOCUMENT # L07000018587</b> 1. Entity Name <b>MAYORCA INVESTMENTS, LLC</b>					
Principal Place of Business <b>255 ALHAMBRA CIRCLE, STE. 705 CORAL GABLES, FL 33134</b>			Mailing Address <b>255 ALHAMBRA CIRCLE, STE. 705 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>2601 S. Bayshore Dr.</b>		3. Mailing Address <b>2601 S. Bayshore Dr.</b>			
Suite, Apt. #, etc. <b>Ste 700</b>		Suite, Apt. #, etc. <b>Ste 700</b>			
City & State <b>Coconut Grove, FL</b>		City & State <b>Coconut Grove, FL</b>			
Zip <b>33133</b>		Country <b>USA</b>		4. FEI Number <b>04302008</b> Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MERIN, CARLOS A ESQ. 255 ALHAMBRA CIRCLE, STE. 705 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Carlos A. Marin, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2601 S. Bayshore Drive</b> <b>Ste 700</b> City <b>Coconut Grove</b> FL <b>33133</b>		
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 				DATE <b>4-30-2008</b>	
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLALONGA, PEDRO 255 ALHAMBRA CIRCLE, STE. 705 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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: 				DATE <b>4-30-2008</b> 305 448 0511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	