


**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90018 011 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L07000022374**

1. Entity Name  
 2701 SEGOVIA STREET LLC



30001776

Principal Place of Business  
 2711 SEGOVIA STREET  
 CORAL GABLES, FL 33134

Mailing Address  
 2711 SEGOVIA STREET  
 CORAL GABLES, FL 33134



2. Principal Place of Business - No P.O. Box #  
 2701 Segovia St.  
 Suite, Apt. #, etc.

3. Mailing Address  
 2711 Segovia  
 Suite, Apt. #, etc.  
 Apt. # 1

01142008 Chg-LLC CR2E083 (12/08)

City & State  
 Coral Gables FL

City & State  
 Coral Gables FL

Zip 33134 Country Dade

Zip 33134 Country Dade

4. FEI Number 75-3235 331

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**Jaime Saldarriaga**  
 2711 Segovia Street #1  
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name **Jaime Saldarriaga**

Street Address (P.O. Box Number is Not Acceptable)  
 2711 SEGOVIA ST.

City **Coral Gables** FL Zip Code **33134**

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 Jaime Saldarriaga DATE 3/5/2008

Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$638.75**

Please check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALDARRIAGA, LUIS J 2711 SEGOVIA STREET CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALDARRIAGA, MARILUZ 7410 SW 159 TERRACE MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Jaime Saldarriaga Date Jan 11/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE