FILED
Mar 11, 2008 8:00 am
Secretary of State
01-18-2008 90018 012 ***138.75

1/

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000022376

1. Entity Name
740 VALENCIA LLC

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
740 Valencia Ave	2711 Segovia st
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt. #1
City & State: Coral Gables Fl.	City & State: Coral Gables Fl
Zip: 33134 Country: Dade	Zip: 33134 Country: Dade

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 593838705 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jaime Saldarriaga 2711 Segovia Street #1 Coral Gables, FL 33134	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: Luis J. Saldarriaga — 3/5/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SALDARRIAGA, LUIS J	NAME	
STREET ADDRESS	2711 SEGOVIA STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SALDARRIAGA, MARILUZ	NAME	
STREET ADDRESS	7410 SW 159 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Luis J. Saldarriaga — January 10 / 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #