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FILED
Mar 11, 2008 8:00 am
Secretary of State
01-18-2008 90018 017 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30001775

DOCUMENT # L07000022379

1. Entity Name
726 VALENCIA LLC

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

01142008 Chg-LLC CR2E083 (12/06)

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

4. FEI Number 56-2648873 ☐ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SALDARRIAGA, LUIS J 2711 SEGOVIA STREET CORAL GABLES, FL 33134	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SALDARRIAGA, MARILUZ 7410 SW 159 TERRACE MIAMI, FL 33157	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Luis J. Saldarriaga Jan 17 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #