

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023220

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** DESARAM INVESTMENT LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-8564678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: MORA GARCIA, MARTA ELENA  
Address: CRA. 116, NO. 77B-42, CASA 121  
City-St-Zip: BOGOTA, COLOMBIA, XX XX

Title: MGRM ( ) Delete  
Name: MORA GARCIA, EDWIN ALBERTO  
Address: CALLE 81, NO. 118-30, INTERIOR 5, APTO.303  
City-St-Zip: BOGOTA, COLOMBIA, XX XX

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARTHA ELENA MORA G.

MGRM

04/23/2008

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