

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025580

FILED  
Aug 14, 2008  
Secretary of State

Entity Name: CONDO MANAGEMENT OF AMERICA,LLC

## Current Principal Place of Business:

8639 N HIMES AVE  
2523  
TAMPA, FL 33614

## New Principal Place of Business:

3375 ANTIGUA LN  
303  
TAMPA, FL 33614

## Current Mailing Address:

8639 N HIMES AVE  
2523  
TAMPA, FL 33614

## New Mailing Address:

3375 ANTIGUA LN  
303  
TAMPA, FL 33614

FEI Number: 77-0674226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BELALCAZAR, LILIA  
8639 N HIMES AVE  
2523  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

BELALCAZAR, LILIA  
3375 ANTIGUA LN  
303  
TAMPA, FL 33614 US

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: LILIA BELALCAZAR

08/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CADAVID, ANDRES  
Address: 8639 N HIMES AVE #2523  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: CADAVID, ANDRES  
Address: 3375 ANTIGUA LN #303  
City-St-Zip: TAMPA, FL 33614

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: ANDRES CADAVID

MGR

08/14/2008

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