2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034121

Entity Name: BUENAS OLAS, L.L.C.

FILED Jan 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4106 ORIOLE AVE.

PORT ORANGE, FL 321276612

Current Mailing Address: New Mailing Address:

4106 ORIOLE AVE.

PORT ORANGE, FL 321276612

FEI Number: 20-8962738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LLOYD, ROBERT STANLEY
LLOYD, ROBERT
4106 ORIOLE AVE.

LLOYD, ROBERT
4106 ORIOLE AVE.

PORT ORANGE, FL 321276612 US PORT ORANGE, FL 321276612 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: ROBERT LLOYD 01/29/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

itle: MGRM () Delete

Name: LLOYD, ROBERT STANLEY Address: 4106 ORIOLE AVE.

City-St-Zip: PORT ORANGE, FL 321276612

Title: MGRM () Delete Name: LLOYD, GINA LYNN

Address: 4106 ORIOLE AVE. City-St-Zip: PORT ORANGE, FL 321276612 ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: LLOYD, ROBERT Address: 4106 ORIOLE AVE.

City-St-Zip: PORT ORANGE, FL 321276612

Title: MGRM (X) Change () Addition

Name: LLOYD, GINA Address: 4106 ORIOLE AVE.

City-St-Zip: PORT ORANGE, FL 321276612

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: ROBERT LLOYD MGRM 01/29/2008