

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036627

FILED  
May 02, 2008  
Secretary of State

Entity Name: JAMES A. CUEVA, PL

## Current Principal Place of Business:

2600 SOUTH DOUGLAS ROAD, STE 1100  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2600 SOUTH DOUGLAS ROAD  
1100  
CORAL GABLES, FL 33134

## Current Mailing Address:

2600 SOUTH DOUGLAS ROAD, STE 1100  
CORAL GABLES, FL 33134

## New Mailing Address:

PO BOX 347754  
CORAL GABLES, FL 33234

FEI Number: 20-8740958      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:

CUEVA, JAMES A  
2600 SOUTH DOUGLAS ROAD, STE 1100  
CORAL GABLES, FL 33134      US

## Name and Address of New Registered Agent:

JORGE GURIAN P.A.  
2600 SOUTH DOUGLAS ROAD, STE 1100  
CORAL GABLES, FL 33134      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: JORGE GURIAN

05/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: CUEVA, JAMES A  
Address: 2600 SOUTH DOUGLAS ROAD, STE 1100  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES:

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: JAMES A. CUEVA

MGRM

05/02/2008

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