

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90016 015 \*\*\*143.75

<b>DOCUMENT # L07000047305</b>					
<b>1. Entity Name</b> CANTERA FAMILY GROUP HOLDINGS, LLC					
<b>Principal Place of Business</b> C/O AMADA LOPEZ-CANTERA, CPA 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145			<b>Mailing Address</b> C/O AMADA LOPEZ-CANTERA, CPA 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		03292008    Chg-LLC    CR2E083 (12/06)	
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 26-1197936	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  NELSON, BARRY A ESQ. 2775 SUNNY ISLES BOULEVARD SUITE 118 NORTH MIAMI BEACH, FL 33160			<b>7. Name and Address of New Registered Agent</b> Name: <b>DADE CORPORATE SERVICES, INC</b> Street Address (P.O. Box Number is Not Acceptable): 2300 CORAL WAY SUITE 200 City: <b>MIAMI</b> <b>FL</b> Zip Code: <b>33145</b>		
<b>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.</b> SIGNATURE:     DATE: <b>4-17-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARREA, LINDA 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANTERA-SERRALTA, MONICA 150 ALHAMBRA CIRCLE, ALHAMBRA CTR STE. 925 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b>			DATE: <b>4/17/08</b> (305) 856-0050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Daytime Phone #					

MONICA CANTERA-SERRALTA