
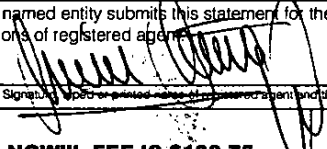
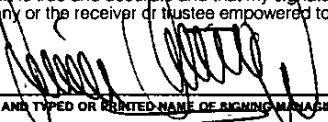


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 010 ***138.75

DOCUMENT # L07000048801 1. Entity Name EROS ANDALUSIA, LLC					
Principal Place of Business 168 SOUTHEAST 1ST STREET, STE 600 MIAMI, FL 33131			Mailing Address 168 SOUTHEAST 1ST STREET, STE 600 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 22-3963850				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name: Ramon Ortega Street Address (P.O. Box Number Not Acceptable): 168 S.E. 1st Street Suite: 600 City: MIAMI FL 33131				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. SIGNATURE:  DATE: 02-14-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR <input type="checkbox"/> Delete NAME: ORTEGA, RAMON STREET ADDRESS: 168 SOUTHEAST 1ST STREET, STE 600 CITY-ST-ZIP: MIAMI, FL 33131			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
TITLE: MGR <input type="checkbox"/> Delete NAME: DE ORTEGA, EVANGELINA S STREET ADDRESS: 168 SOUTHEAST 1ST STREET, STE 600 CITY-ST-ZIP: MIAMI, FL 33131			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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.					
SIGNATURE:  Ramon Ortega DATE: 02-14-08 (305) 381-6810 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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