


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

05-01-2008 90034 048 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L07000058918			
1. Entity Name PENDARIES C LLC			
Principal Place of Business 1428 BRICKELL AVE. SUITE 206 MIAMI, FL 33131		Mailing Address 1428 BRICKELL AVE. SUITE 206 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0289266		AppRed For (Not Applicable)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGUEROA, JUAN A 1428 BRICKELL AVE. SUITE 206 MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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	
Signature, typed or printed name of registered agent and title if applicable		NOTE: Registered Agent signature required when renominated	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR FIGUEROA, JUAN A 1428 BRICKELL AVE. SUITE 206 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>M. Bullock</i>		DATE: <b>20 MAR 2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Date-time	

60037473



Pendaries LLC, a Florida limited liability company  
 By its sole member CROTTO LIGHT LP, a Scottish limited partnership  
 By its General Partner, VILLAGE LAKE LTD, a Scottish limited company  
 By its Sole Director, Scottish Shares LLC, a Delaware limited liability company  
 By two of its authorised signatories