2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 29, 2008 8:00 am
Secretary of State

05-02-2008 90022 044 ***138.75

DOCUMENT # L07000064341

1. Entity Name
BANCO M, LLC

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134 US	201 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134 US

30007949

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2100 PONCE DE LEON BLVD	2100 PONCE DE LEON BLVD.
Suite, Apt. #, etc.: SUITE 1100	Suite, Apt. #, etc.: SUITE 1100
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0386615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCARDLE, GEORGE 201 ALHAMBRA CIRCLE SUITE 702 CORAL GABLES, FL 33134	Name 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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 MASVIDAL, DANIEL R 201 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASVIDAL, RAUL P 201 ALHAMBRA CIRCLE SUITE 700 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] DANIEL MASVIDAL 5/1/08 (305) 448-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #