2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# L07000064632

Entity Name: LANCHA, LLC

Current Principal Place of Business:

355 ALHAMBRA CIRCLE STE 801
CORAL GABLES, FL 33134 US

New Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

Current Mailing Address:

355 ALHAMBRA CIRCLE STE 801
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
355 ALHAMBRA CIRCLE STE 801
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MENDIA, HENRY E
Address: C/O 355 ALHAMBRA CIRCLE STE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR
Name: MENDIA, JORGE E
Address: C/O 355 ALHAMBRA CIRCLE STE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: MENDIA, HENRY E
Address: C/O 355 ALHAMBRA CIRCLE STE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: MENDIA, MARIA C
Address: C/O 355 ALHAMBRA CIRCLE STE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: MENDIA, JORGE E
Address: C/O 355 ALHAMBRA CIRCLE STE 801
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM
Name: MENDIA, CRISTINA
Address: C/O 355 ALHAMBRA CIRCLE STE 801
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 Statues.

SIGNATURE: HENRY E. MENDIA MGR 04/29/2010

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