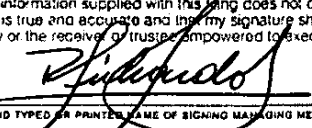


FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90033 001 ***416.25

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000070756			
1. Entity Name CARA & PIPO SEVEN DWARFS, L.L.C.			
Principal Place of Business 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144		Mailing Address 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144	
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
6. Name and Address of Current Registered Agent PICHARDO, RAFAEL 8360 WEST FLAGLER STREET, SUITE #200 MIAMI, FL 33144		7. Name and Address of New Registered Agent 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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	☐ Delete	
NAME	PICHARDO, RAFAEL		
STREET ADDRESS	8360 WEST FLAGLER STREET, SUITE #200		
CITY - ST - ZIP	MIAMI, FL 33144		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
10. ADDITIONS/CHANGES			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
11. I hereby certify that the information supplied with this form 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 603, Florida Statutes.			
SIGNATURE:  8/18/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			