

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071945

Entity Name: LCBE HOLDING L.L.C

FILED  
Feb 21, 2008  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

714 A S. DIXIE HWY  
HALLANDALE BEACH, FL 33009-704 US

## Current Mailing Address:

2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, FL 33134 US

## New Mailing Address:

901 S. STATE ROAD 7  
445  
HOLLYWOOD, FL 33023

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

## Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA INC  
2121 PONCE DE LEON BLVD.  
SUITE 1050  
CORAL GABLES, 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: MGRM ( ) Delete  
Name: RAMIREZ FONSECA, LUIS CARLOS  
Address: CALLE 104 NO. 14-65  
City-St-Zip: BOGOTA, DC COLOMBIA

Title: MGRM ( ) Delete  
Name: BONILLA DE RAMIREZ, ROSA ESTHER  
Address: CALLE 104 NO. 14-65  
City-St-Zip: BOGOTA, DC COLOMBIA

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: LUIS CARLOS RAMIREZ

P

02/21/2008

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