



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000086890 1. Entity Name CHULA-VISTA, L.L.C.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">08 MAR 14 PM 4:29</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business COASTAL TOWER 2400 EAST COMMERCIAL BLVD., SUITE 211 FT. LAUDERDALE FL 33308				Mailing Address COASTAL TOWER 2400 EAST COMMERCIAL BLVD., SUITE 211 FT. LAUDERDALE FL 33308			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-10deg);">1st MOORE</div> <div style="font-size: 1.2em;">CR2E083 (10/07)</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number NOT APPLICABLE				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DESANTO, RICHARD J ESQ. COASTAL TOWER 2400 EAST COMMERCIAL BLVD., SUITE 211 FT. LAUDERDALE FL 33308				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent Signature Required when renewing) _____ DATE _____							
<div style="border: 1px solid black; padding: 5px;"> FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State </div>							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM			TITLE			
NAME	ARRAZOLA-HIRSCH, MARIA M			NAME			
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 211			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Maria Arazola-Hirsch, w Mgr./Mem.</u> 03/13/08							