

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90221 008 ***138.75

DOCUMENT # L07000094670 1. Entity Name DELGADILLO'S INVESTMENTS L.L.C.						
Principal Place of Business 10841 SW 68 DR MIAMI, FL 33173			Mailing Address 10841 SW 68 DR MIAMI, FL 33173			
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				7. Name and Address of New Registered Agent		
DELGADILLO, HERNAN E 10841 SW 68 DR MIAMI, FL 33173				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
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	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELGADILLO, HERNAN E			NAME		
STREET ADDRESS	10841 SW 68 DR			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINONEZ, DORIS			NAME		
STREET ADDRESS	10841 SW 68 DR			STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						

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: *Hernan E. Delgadillo* **04/01/2008** (305) 2708152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE