

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097001

Entity Name: FENO, L.L.C.

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

8725 SW 52ND AVENUE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8725 SW 52ND AVENUE  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SANDERS, BERTA M  
9550 NW 77 AVENUE  
HIALEAH GARDENS, FL 33016 US

**Name and Address of New Registered Agent:**

SANDERS, BERTA M  
5781B NW 151 STREET  
MIAMI LAKES, FL 33014 US

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: BERTA M SANDERS

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PEREZ, LUIS FELIPE  
Address: 8725 SW 52ND AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: MGRM ( ) Delete  
Name: ALONSO, RUTH N  
Address: 8725 SW 52ND AVENUE  
City-St-Zip: MIAMI, FL 33143

**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 F PEREZ

MGRM

05/01/2008

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