FILED May 07, 2008 8:00 am Secretary of State 05-07-2008 90019 018 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000105015 1. Entity Name PEROTE INVESTMENTS, L.L.C.									ا پروائي اين دوائي	77.7	eri kan ya			
Principal Place of Business 4221 ALHAMBRA CIRCLE CORAL GABLES, FL 33146 US Matting Address C/O IVAN A. GOMEZ, ESQ. 601 BRICKELL KEY DRIVE MIAMI, FL 33131 US					07						IN ORALIERO DE	HI II DU		
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				172008	Chg-	LLC	CR2E0	83 (12/06)			
City & State			City & State				El Numb	<u> 298</u>	948	, <u></u>	No	plied For Applicable		
Zip 	Country 6. Name and Address of Current 1		Zip	Coun	try	<u>!</u>	Certificate			<u> </u>	\$5.00 Add Fee Require	itional		
		Name	7. N	lame and	Address	of New F	Registered /	gent						
IAG CORP 601 BRICK SUITE 507	KELL KEY	ERVICES, INC. DRIVE					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL		₹.												
		ξ.			City					FL	Zip Code	,		
	named entity tions of regist		for the purpose of changing its	register	ed office or register	red ago	ent, or bo	th, in the	State of FI	orida. I am	amiliar with,	and accept		
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE														
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75														
9.	T.,,,	MANAGING MEM	BERS/MANAGERS	10.				Αſ		/CHANGES				
TITLE NAME	MGRM VILLAR, J	OSE A	☐ Delete	TITL	- [☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP		AMBRA CIRCLE ABLES, FL 33146			ET ADDRESS - ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		□ Delete								Change	Addition		
TITLE			☐ Delete	TITL			-				Change	☐ Addition		
STREET ADDRESS			time of magnitudes of the control of	STR	ET ADCRESS -	-								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ Delete								☐ Change	☐ Addition		
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CITY-ST-ZIP		- -		-	-ST-ZDP				 -			- Annual -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E EET ADDRESS -ST-ZIP			· · · · · ·			☐ Change	☐ Addition		
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 of prostee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATIBE:														
SIGNAT	URE:					4	29	100	(305)3	<u> 371 -9</u>	23		

Jose A. Villar, Manager