


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90047 048 ***138.75

DOCUMENT # L07000109765	
1. Entity Name ESQUINA RAMBLAS, LLC	

Principal Place of Business 4000 PONCE DE LEON BLVD., SUITE #120 CORAL GABLES, FL 33146	Mailing Address 4000 PONCE DE LEON BLVD., SUITE #120 CORAL GABLES, FL 33146
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00000111

2. Principal Place of Business - No P.O. Box # 4000 PONCE DE LEON BLVD.	3. Mailing Address 4000 PONCE DE LEON BLVD.
Suite, Apt. #, etc. SUITE #120	Suite, Apt. #, etc. SUITE #120



01042008 Chg-LLC CR2E083 (12/06)

City & State CORAL GABLES, FL.	City & State CORAL GABLES, FL.
Zip 33146	Zip 33146
Country USA	Country USA

4. FEI Number 33-1188073	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ESCOBAL, MIDIAM 403 N.W. 72ND. AVE #317 MIAMI, FL 33126	

7. Name and Address of New Registered Agent	
Name N/A	
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 _____

**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	
TITLE MGR	<input type="checkbox"/> Delete
NAME ESCOBAL, MIDIAM	
STREET ADDRESS 403 NW 72ND. AVE #317	
CITY-ST-ZIP MIAMI, FL 33126	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **ESCOBAL, MIDIAM** **JAN 05/08** **305-446-3310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #