

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 10, 2009  
Secretary of State**

DOCUMENT# L07000109765

Entity Name: ESQUINA RAMBLAS, LLC

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD., SUITE #120  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4000 PONCE DE LEON BLVD., SUITE #120  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 33-1188073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ESCOBAL, MIDIAM  
403 N.W. 72ND. AVE #317  
MIAMI, FL 33126 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ESCOBAL, MIDIAM  
Address: 403 NW 72ND. AVE #317  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

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: MIDIAM ESCOBAL

MGR

01/10/2009

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