

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000117193

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Entity Name:** AGAVE FLORIDA INVESTMENTS LLC

**Current Principal Place of Business:**

C/O ABELMAN FRAYNE & SCHWAB  
666 THIRD AVENUE, 10TH FLOOR  
NEW YORK, NY 10017

**New Principal Place of Business:**

2601 S BAYSHORE DRIVE  
1215  
MIAMI, FL 33133

**Current Mailing Address:**

C/O ABELMAN FRAYNE & SCHWAB  
666 THIRD AVENUE, 10TH FLOOR  
NEW YORK, NY 10017

**New Mailing Address:**

2601 S BAYSHORE DRIVE  
1215  
MIAMI, FL 33133

**FEI Number:** 98-0568725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ HELGUERA, JOSE A  
2601 S BAYSHORE DR  
200  
MIAMI, FL FL US

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

PEREZ HELGUERA, JOSE A  
2601 S BAYSHORE DR  
1215  
MIAMI, FL FL 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: JOSE A PEREZ

02/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FERNANDEZ ROUSSELON, HECTOR  
Address: 2601 S BAYSHORE DRIVE SUITE 1215  
City-St-Zip: MIAMI, FL 33133

Title: MGR  
Name: ORTNER, MELVIN L  
Address: ABELMAN FRAYNE & SCHWAB-666 THIRD AVE 10FL  
City-St-Zip: NEW YORK, NY 100175621

Title: MGR  
Name: ABELMAN, LAWRENCE E  
Address: ABELMAN FRAYNE & SCHWAB-666 THIRD AVE 10FL  
City-St-Zip: NEW YORK, NY 100175621

I hereby 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: HECTOR FERNANDEZ

MGR

02/27/2012

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