2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010145

Entity Name: LATAM ASSET MANAGEMENT, LLC

FILED Aug 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

501 BRICKELL KEY DRIVE, SUITE 601 1200 BRICKELL AVENUE, SUITE 800

MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

501 BRICKELL KEY DRIVE, SUITE 601 1200 BRICKELL AVENUE, SUITE 800

MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

AGUILLERA, ANGELICA AGUILLERA, ANGELICA

501 BRICKELL KEY DRIVE, SUITE 601 1200 BRICKELL AVENUE, SUITE 800

MIAMI, FL 33131 US MIAMI, FL 33131 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.

ADDITIONS/CHANGES:

SIGNATURE: 08/24/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: (X) Change () Addition () Delete

AGUILERA, ANGELICA Name: Name: AGUILERA ANGELICA

501 BRICKELL KEY DRIVE, SUITE 601 Address: 1200 BRICKELL AVENUE, SUITE 800 Address: MIAMI, FL 33131 MIAMI, FL 33131

City-St-Zip: City-St-Zip:

Title: MGR Title: MGR (X) Change () Addition () Delete Name: VERA, ESDRAS Name: ACOSTA, MAXIMINO

Address: 501 BRICKELL KEY DRIVE, SUITE 601 Address: 501 BRICKELL KEY DRIVE, SUITE 601

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete Title: MGR (X) Change () Addition NEVES, FABRIZIO Name: NEVES, FABRIZIO Name:

501 BRICKELL KEY DRIVE, SUITE 601 1200 BRICKELL AVENUE, SUITE 800 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

() Change (X) Addition Title: () Delete Title: MGR LUNA, JOSE Name: Name:

1200 BRICKELL AVENUE, SUITE 800 Address: Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33131

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: ANGELICA AGUILERA 08/24/2009