

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019362

Entity Name: INVERSIONES 20739, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1501 SUNSET DRIVE  
SECOND FLOOR  
CORAL GABLES, FL 33143 US

## New Principal Place of Business:

## Current Mailing Address:

1501 SUNSET DRIVE  
SECOND FLOOR  
CORAL GABLES, FL 33143 US

## New Mailing Address:

1110 BRICKELL AVENUE  
310  
MIAMI, FL 33131 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REY, JOSE L  
1501 SUNSET DRIVE  
SECOND FLOOR  
CORAL GABLES, FL 33143 US

## Name and Address of New Registered Agent:

NS CORPORATE SERVICES, INC.  
1110 BRICKELL AVENUE  
310  
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.

SIGNATURE: NS CORPORATE SERVICES

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MORRISON, NORMAN  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: MORRISON, INES  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: MORRISON VASALO, NORMAN  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: MORRISON VASALO, RANDOLPH  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: MGRM ( ) Delete  
Name: MORRISON VASALO, ROBERT  
Address: 1501 SUNSET DRIVE, 2ND FLOOR  
City-St-Zip: CORAL GABLES, FL 33143 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORMAN MORRISON

MGRM

04/29/2009

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