2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

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Entity Name: OBRAS HISTORICAS, LLC

Current Principal Place of Business:

C/O PETER V. FULLERTON 2000 PONCE DE LEON
501
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O PETER V. FULLERTON 2000 PONCE DE LEON
624
CORAL GABLES, FL 33134

Current Mailing Address:

C/O PETER V. FULLERTON 2000 PONCE DE LEON
501
CORAL GABLES, FL 33134

New Mailing Address:

C/O PETER V. FULLERTON 2000 PONCE DE LEON
624
CORAL GABLES, FL 33134

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

Name and Address of Current Registered Agent:

FULLERTON, PETER
2000 PONCE DE LEON BLVD.
501
CORAL GABLES, FL US

Name and Address of New Registered Agent:

FULLERTON, PETER
2000 PONCE DE LEON BLVD.
624
CORAL GABLES, 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: PETER V FULLERTON 04/18/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FULLERTON, PETER V
Address: 2000 PONCE DE LEON BLVD. SUITE 501
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: FULLERTON, PETER V
Address: 2000 PONCE DE LEON BLVD SUITE 501
City-St-Zip: CORAL GABLES, FL 33134

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 Statues.

SIGNATURE: PETER V FULLERTON MGRM 04/18/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date