

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000058129

FILED
May 05, 2009
Secretary of State**Entity Name:** NEGOCIACIONES LA CARTUJA L.L.C.**Current Principal Place of Business:**592 FAIRHAVEN DRIVE
DAVENPORT, FL 33837**New Principal Place of Business:****Current Mailing Address:**592 FAIRHAVEN DRIVE
DAVENPORT, FL 33837**New Mailing Address:****FEI Number:** 80-0359306**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JORDAN, AGUSTIN
592 FAIRHAVEN DRIVE
DAVENPORT, FL 33837 US**Name and Address of New Registered Agent:**JORDAN, WALTER A
592 FAIRHAVEN DRIVE
DAVENPORT, FL 33837 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: WALTER AGUSTIN JORDAN

05/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: JORDAN, AGUSTIN
Address: 592 FAIRHAVEN DRIVE,
City-St-Zip: DAVENPORT, FL 33837 USTitle: MGR () Delete
Name: JORDAN, WALTER
Address: 592 FAIRHAVEN DRIVE
City-St-Zip: DAVENPORT, FL 33837**ADDITIONS/CHANGES:**Title: MGR (X) Change () Addition
Name: JORDAN, WALTER A
Address: 592 FAIRHAVEN DRIVE,
City-St-Zip: DAVENPORT, FL 33837 USTitle: MGR (X) Change () Addition
Name: JORDAN, PATRICIA
Address: 592 FAIRHAVEN DRIVE
City-St-Zip: DAVENPORT, FL 33837

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: WALTER AGUSTIN JORDAN

MGR

05/05/2009

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