

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096194

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** FUNDACION FESTIVAL DE LA LEYENDA VALLENATA EN USA "LLC"

**Current Principal Place of Business:**

100 BAYVIEW DRIVE, APT 1229  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

100 BAYVIEW DRIVE,  
1008  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

100 BAYVIEW DRIVE, APT 1229  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

100 BAYVIEW DRIVE, APT  
729  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ZOQUE, GLORIA I  
8743 SW 161 CT  
MIAMI, FL 33193 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZOQUE, GLORIA I  
Address: 8743 SW 161 CT  
City-St-Zip: MIAMI, FL 33193  
  
Title: MGRM ( ) Delete  
Name: BUSTAMANTE, ORIETTA  
Address: 100 BAYVIEW DRIVE, APT 1229  
City-St-Zip: SUNNY ISLES BEACH, FL 33193

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: MGRM (X) Change ( ) Addition  
Name: BUSTAMANTE, ORIETTA  
Address: 100 BAYVIEW DRIVE, APT 729  
City-St-Zip: SUNNY ISLES BEACH, FL 33193

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: ORIETTA BUSTAMANTE

MRS

05/01/2009

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