

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102154

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ANTILLES LLC

**Current Principal Place of Business:**

17150 ROYAL PALM BLVD , STE 4  
WESTON, FL 33326

**New Principal Place of Business:**

17140 ROYAL PALM BLVD , STE 4  
WESTON, FL 33326

**Current Mailing Address:**

17150 ROYAL PALM BLVD , STE 4  
WESTON, FL 33326

**New Mailing Address:**

17140 ROYAL PALM BLVD , STE 4  
WESTON, FL 33326

FEI Number: 42-1767635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WESTON CORPORATE ADMINISTRATION LLC  
17150 ROYAL PALM BLVD  
SUITE # 4  
WESTON, FL 33326 US

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

VALLES, RUTH  
17140 ROYAL PALM BLVD  
SUITE # 4  
WESTON, FL 33326 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: RUTH VALLES

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAMIREZ, ERNESTO  
Address: PO BOX 266221  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: VALLES, RUTH  
Address: PO BOX 266221  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: RAMIREZ, ALBERTO  
Address: PO BOX 266221  
City-St-Zip: WESTON, FL 33326

**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:

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: RUTH VALLES

MGRM

04/29/2009

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