

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000099466

FILED
Apr 21, 2011
Secretary of State

Entity Name: S. MARGARITA INVESTMENTS 2, LLC

Current Principal Place of Business:

8700 FLAGLER STREET
160
MIAMI, FL 33174 US

New Principal Place of Business:

8700 WEST FLAGLER STREET, SUITE 160
ATTN: LEGAL DEPARTMENT
MIAMI, FL 33174 US

Current Mailing Address:

8700 FLAGLER STREET
160
MIAMI, FL 33174 US

New Mailing Address:

8700 WEST FLAGLER STREET, SUITE 160
ATTN: LEGAL DEPARTMENT
MIAMI, FL 33174 US

FEI Number: 27-3524798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODNER, GABRIEL
8700 FLAGLER STREET
160
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

BODNER, GABRIEL
8700 WEST FLAGLER STREET, SUITE 160
ATTN: LEGAL DEPARTMENT
MIAMI, FL 33174 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: GABRIEL BODNER

04/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PARRAMOS HOLDINGS L.L.C.
Address: 8700 WEST FLAGLER STREET, SUITE 160
City-St-Zip: MIAMI, FL 33174 US

Title: MGR
Name: TERAN, ENRIQUE
Address: 8700 WEST FLAGLER STREET, SUITE 160
City-St-Zip: MIAMI, FL 33174 US

Title: MGR
Name: SARA VIA, EDUARDO
Address: 8700 WEST FLAGLER STREET, SUITE 160
City-St-Zip: MIAMI, FL 33174 US

Title: MGR
Name: SARA VIA, SYLVIA M
Address: 6358 NW 113 PLACE
City-St-Zip: DORAL, FL 33178 US

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 Statutes.

SIGNATURE: EDUARDO SARA VIA

MGR

04/21/2011

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