2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# L10000131302

Entity Name: ST IRENE LLC

Current Principal Place of Business:

20801 BISCAYNE BLVD #403
AVENTURA, FL 33180

New Principal Place of Business:

2801 NE 208TH TERRACE
2ND FLOOR
AVENTURA, FL 33180 US

Current Mailing Address:

1537 VICTORIA ISLE WAY
WESTON, FL 33327

New Mailing Address:

2801 NE 208TH TERRACE
2ND FLOOR
AVENTURA, FL 33180 US

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

Name and Address of Current Registered Agent:

SILVIA, BROGNO
1527 VICTORIA ISLE WAY
WESTON, FL 33327 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
Name: CANIL, EZEQUIEL
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: CANIL, OSCAR E
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: PADROS OCAMPO CANIL, MARIA R
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: CANIL, PAULA M
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: CANIL, GONZALO
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM
Name: CANIL, FLORENCIA
Address: 2801 NE 208TH TERRACE 2ND FLOOR
City-St-Zip: AVENTURA, FL 33180 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 Statues.

SIGNATURE: CANIL EZEQUIEL MGRM 04/27/2011

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