

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90046 012 ***138.75

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # L97000000371 | | | | | |
| 1. Entity Name DECO PALMS, L.C. | | | | | |
| Principal Place of Business 13762 NW 11TH CT PEMBROKE PINES, FL 33028 US | | | Mailing Address 13762 NW 11TH CT PEMBROKE PINES, FL 33028 US | | |
| 2. Principal Place of Business - No P.O. Box # 560 NE 57th ST | | 3. Mailing Address 560 NE 57th ST | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01042008 Chg-LLC CR2E083 (12/06) | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | 4. FEI Number 65-0747015 | |
| Zip 33137 | | Country MIAMI-Dade | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JARAMILLO, RAFAEL 13762 NW 11TH CT. PEMBROKE PINES, FL 33028 | | | 7. Name and Address of New Registered Agent Name: JARAMILLO RAFAEL Street Address (P.O. Box Number is Not Acceptable): 560 NE 57th ST City: MIAMI FL Zip Code: 33137 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD JARAMILLO, RAFAEL 13762 NW 11TH CT. PEMBROKE PINES, FL 330282351 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD JARAMILLO, RAFAEL 560 NE 57th ST MIAMI, FL 33137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD RESTREPO, SUSAN 13762 NW 11TH CT PEMBROKE PINES, FL 330282351 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD RESTREPO SUSANA 560 NE 57th ST MIAMI, FL 33137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Susan Restrepo</u> (SUSANA RESTREPO) | | | 01-04-08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

305-759-1195