


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000000127  
1. Entity Name  
ARANGO & GARCIA-MORERA, L.L.C.



Principal Place of Business  
1414 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

Mailing Address  
1414 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0818109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-MORERA, ENRIQUE J  
1414 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA-MORERA, ENRIQUE J 1414 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARANGO, ELSA M 1414 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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07/10/07-80014-014 50.00

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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: *Enrique Garcia-Morera* 7/5/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #