2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L98000001880

Entity Name: FIGUEROA SIERRA & ASOCIADOS, L.L.C.

Current Principal Place of Business:

705 CRANDON BLVD
#305
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

20191 E. COUNTRY CLUB DR
APT 2605
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 52-2122752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & CO.
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 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 ( ) Delete
Name: FIGUEROA SIERRA & AS, OCIADOS, LTDA.
Address: CARRERA 11 NO. 82 01 (1002)
City-St-Zip: BOGOTA, COLOMBIA,

Title: PRES ( ) Delete
Name: FIGUEROA, AUGUSTO
Address: 705 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NARANJO, ANGELA
Address: 20191 E COUNTRY CLUB DR. #2605
City-St-Zip: AVENTURA, FL 33180

Title: MGRM (X) Change ( ) Addition
Name: FIGUEROA, AUGUSTO
Address: 705 CRANDON BLVD. #305
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: ANGELA NARANJO MGR 01/22/2009

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