

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90055 020 ***143.75

DOCUMENT # L99000004751

1. Entity Name
FIRST FOLIAGE, L.C.



Principal Place of Business
**17800 S.W. 268 STREET
HOMESTEAD, FL 33031**

Mailing Address
**17800 S.W. 268 STREET
HOMESTEAD, FL 33031**

60008507



02112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1000032

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARCES, JOSE
17800 SW 268 STREET
HOMESTEAD, FL 33031**

**DO NOT WRITE
IN THIS SPACE**

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

2/11/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GARCES, JOSE
17800 S.W. 268 STREET
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GARCES, BEATRIZ
17800 S.W. 268 STREET
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAMPANO, SIXTO
17800 S.W. 268 STREET
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ESTRADA, ALBERTO
17800 S.W. 268 STREET
HOMESTEAD, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

2/11/08

(305) 245-3226