

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90001 050 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000006839

1. Entity Name
SPARROWHAWK LATIN AMERICA, LLC



20053359

Principal Place of Business
670 ALLENDALE ROAD
KEY BISCAYNE, FL 33149

Mailing Address
670 ALLENDALE ROAD
KEY BISCAYNE, FL 33149



2. Principal Place of Business
BRICKELL BAYVIEW CENTRE

3. Mailing Address
BRICKELL BAYVIEW CENTRE

08032006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc. SUITE 2500,
80 S.W. 8th STREET

Suite, Apt. #, etc. SUITE 2500,
80 S.W. 8th STREET

4. FEI Number
20-3912398

Applied For
Not Applicable

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

Zip
FL 33130

Country
U.S.A

Zip
FL 33130

Country
U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VERA, EDUARDO
670 ALLENDALE ROAD
KEY BISCAYNE, FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

08/15/06 (786) 866 8040