

ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

FILE NUMBER

JAGUAR CAPITAL L.L.C.

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF 2010 TO 2011

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

M.F. CORPORATE SERVICES (NEVADA) LIMITED
520 S. 7th Street, Suite C
Las Vegas, Nevada 89101

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov



110401

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20100847279-20
	Filing Date and Time 11/08/2010 8:39 AM
	Entity Number E0493472006-0

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ABOVE SPACE IS FOR OFFICE USE ONLY

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional managers or managing members, attach a list of them to this form.
- Annual list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5700.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

Complete only if applicable		<u>Section 7(2) Exemption Codes</u>	
<input type="checkbox"/>	Pursuant to NRS, this entity is exempt from the business license fee. Exemption code:	001 - Governmental Entity 002 - 501(c) Nonprofit Entity 003 - Home-based Business 005 - Motion Picture Company 006 - NRS 680B.020 Insurance Co.	
<input checked="" type="checkbox"/>	Month and year your State Business License expires:	06	20
NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) JUAN PEDRO DAMIANI		<input checked="" type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS CITY STATE ZIP CODE Reconquista 517, Pisa 7, Montevideo República Oriental del Uruguay			
NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) JUAN FERNANDEZ METHOL		<input checked="" type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS CITY STATE ZIP CODE Reconquista 517, Piso 7, Montevideo República Oriental del Uruguay			
NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		<input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS CITY STATE ZIP CODE			
NAME (DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		<input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS CITY STATE ZIP CODE			

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X
Signature of Manager or Managing Member

Title Date
MANAGER 11/8/2010

Nevada Secretary of State Annual List Man/Mem
Revised: 11-9-09

ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

JAGUAR CAPITAL L.L.C.

FILE NUMBER

E0493472006-0

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF 6/2011 TO 6/2012



110401

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

M F CORPORATE SERVICES (NEVADA) LIMITED (Commercial Registered Agent)
520 S 7TH ST STE C
LAS VEGAS, NV 89101 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number	20110480718-82
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Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

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- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
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ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

Complete only if applicable

- Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:
- Month and year your State Business License expires: 20

Section 7(2) Exemption Codes

- 001 - Governmental Entity
- 002 - 501(c) Nonprofit Entity
- 003 - Home-based Business
- 004 - Natural Person with 4 or less rental dwelling units
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME JUAN PEDRO DAMIANI	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS RECONQUISTA 517 PISO 7 MONTEVIDEO	CITY REPUBLICA ORIENTAL DEL UR	STATE XX	ZIP CODE XXXXXXXXXX

NAME JUAN FERNANDEZ METHOL	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS RECONQUISTA 517 PISO 7 MONTEVIDEO	CITY REPUBLICA ORIENTAL DEL UR	STATE XX	ZIP CODE XXXXXXXXXX

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE

NAME	(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)		
	<input type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	STATE	ZIP CODE

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X JUAN PEDRO DAMIANI

Title: MANAGER Date: 6/28/2011 4:43:53 PM

Signature of Manager or Managing Member