

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90464 019 ****50.00

DOCUMENT # L02000009020 1. Entity Name FIRST DIGITAL ENABLER LLC					
Principal Place of Business 169 E. FLAGLER STREET SUITE 1534 MIAMI, FL 33131			Mailing Address 169 E. FLAGLER STREET SUITE 1534 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 46-0478893		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BASSI, GERMAN P 169 E. FLAGLER STREET SUITE 1534 MIAMI, FL 33131			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 May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASSI, GERMAN P 169 E. FLAGLER STREET MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTOS, MIGUEL 169 EAST FLAGLER ST SUITE 1534 MIAMI, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IGLESIAS, ADDRIAN 169 EAST FLAGLER ST MIAMI, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLING, EDUARDO G 169 EAST FLAGLER ST MIAMI, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 #					

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