

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024646

FILED
Apr 19, 2008
Secretary of State

Entity Name: BANNASTROW'S LLC

Current Principal Place of Business:

7975 NW 154 ST
SUITE 250
MIAMI LAKES, FL 33016 US

Current Mailing Address:

7975 NW 154 ST
SUITE 250
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

1820 N CORPORATE LAKES BLVD
SUITE 305
WESTON, FL 33326 US

New Mailing Address:

1820 N CORPORATE LAKES BLVD
SUITE 305
WESTON, FL 33326 US

FEI Number: 71-0905871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARDI, DIEGO
1105 SPYGLASS
WESTON, FL 33326 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: SARDI, DIEGO
Address: 7975 NW 154 ST
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: MGRM () Delete
Name: ORTEGA, JAIME E
Address: 7975 NW 154 ST
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SARDI, DIEGO
Address: 1820 N CORPORATE LAKES BLVD
City-St-Zip: WESTON, FL 33326 US

Title: MGRM (X) Change () Addition
Name: ORTEGA, JAIME E
Address: 1820 N CORPORATE LAKES BLVD
City-St-Zip: WESTON, FL 33326 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: DIEGO SARDI

MGRM

04/19/2008

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