

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005178

FILED
Apr 12, 2008
Secretary of State

Entity Name: ADVANCE IES, LLC

Current Principal Place of Business:

1121 CRANDON BLVD. SUITE E-107
KEY BISCAYNE, FL 33149

New Principal Place of Business:

2801 SW 3RD AVENUE
MIAMI, FL 33129

Current Mailing Address:

1121 CRANDON BLVD. SUITE E-107
KEY BISCAYNE, FL 33149

New Mailing Address:

2801 SW 3RD AVENUE
MIAMI, FL 33129

FEI Number: 16-1690854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIELE, AIDA
2701 LE JEUNE RD
STE 300
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BRIELE, AIDA
220 MIRACLE MILE,
STE 203
CORAL GABLES, FL 33134 US

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: AIDA BRIELE

04/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BETHENCOURT, ERNEST
Address: 1111 CRANDON BLVD, A-406
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: BETHENCOURT, LUIS
Address: 340 W. HEATHER DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BETHENCOURT, LUIS
Address: 2000 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33131

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: LUIS BETHENCOURT

MGR

04/12/2008

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