

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 08, 2008  
Secretary of State**

DOCUMENT# L04000091094

Entity Name: ELEMENT 22 PARTNERS LLC

**Current Principal Place of Business:**

600 NE 36TH STREET  
PENTHOUSE 26  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 NE 36TH STREET  
PENTHOUSE 26  
MIAMI, FL 33137 US

**New Mailing Address:**

FEI Number: 20-2012401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KONCZAL, JOHN A JR  
600 NE 36TH STREET  
PENTHOUSE 26  
MIAMI, FL 33137 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: KONCZAL, JOHN A JR  
Address: 600 NE 36TH STREET  
City-St-Zip: MIAMI, FL 33137 US

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

Title: MGRM ( ) Delete  
Name: VEITH, CHRISTOPHER  
Address: 600 NE 36TH STREET  
City-St-Zip: MIAMI, FL 33137 US

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

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: JOHN KONCZAL

MGRM

07/08/2008

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