2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000017374

1. Entity Name AFFIRMED ENTERPRISES, LLC

FILED Jan 16, 2008 08:00 A Secretary of State

Principal Place of Business

ONE S.E. THIRD AVE., SUITE 3050 MIAMI, FL 33131

Mailing Address

ONE S.E. THIRD AVE., SUITE 3050 MIAMI, FL 33131



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 93-1828839 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, DONALD S ONE S.E. THIRD AVE., SUITE 3050 MIAMI, FL 33131

22		• 40		73.7					and the same		CE ***
4	1		~	92 B		OΠ	313	NI	n	7 6	
ď.	1	3	84	231	МI	. 1	1. 5-1	u.u.	ĸ	1.4 3	~,
Ľ.	ı.	100				400	2 - 104 ~		7 7 7 4 4 1	3	1116
٤,	ä.			12.2	4.54	. 16	14.	V		1	()
N.	Ď.		1 8		20		5.77	\ F	7	\sim 1	-
14	4	ΙN	1 4		-	-	3.5	, 11	Δ	100	
	7		1 5/3	ازبا≣ي			£ .	SP		U	
٠,	٠.	23.0	1.7	*****		زه موادر	St. 4 .		a barrer	× 2.	· s 's

8. The above named entity submits this statement for the purpose of cha		late of Florida I am familiar with, and accept
the obligations of registered agent		
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when revisioning)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
A THE PROPERTY OF THE PROPERTY	Proceedings of the Control of the Administration of the Control of	A SECULAR SUBMERSE SECULAR OF SUBMERSE SECULAR

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGR WOLFSON, PATRICE J
STREET ADORESS	THE KENILWORTH, 1020 COLLINS AVE., #509
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TIFLE NAME STREET ADORESS CITY-ST-ZIP	•
HILE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
HILE NAME STREET ADDRESS	

1000000785457 JV/17/08=80041-024*143

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report is true and accurate and that my signalure shall have the same legal effect as if made under eath, that I am a managing member or manager of the limited fliability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATUR

CITY-ST-ZIP

NATURE AND TYPED OR PROPED NAME OF SIGNING MANA

MAN

1/10/08

3053582600

Daytime Phone #