

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031308

FILED
Apr 04, 2008
Secretary of State

Entity Name: MAYFAIR INTERNATIONAL REALTY, LLC

Current Principal Place of Business:

12 LEES PLACE
MAYFAIR
LONDON, -- W1K 6LW

New Principal Place of Business:

Current Mailing Address:

C/O MARCELL FELIPE, 1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 98-0452830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIPE, MARCELL
1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 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: MGR () Delete
Name: REEVE, ANNETTE
Address: CORNER COTTAGE, 19 STRATFORD ROAD
City-St-Zip: WATFORD, HERTS, -- WD17 4QG UK

Title: MGR () Delete
Name: CHURTON, NICK
Address: 26 ALBERT STREET
City-St-Zip: ST ALBANS, HERTFORDSHIRE, -- AL1 1RU UK

Title: MGRM () Delete
Name: HANRAHAN, JAMES
Address: 3451 BYRON LANE
City-St-Zip: LONGBOAT KEY, FL 34228 US

ADDITIONS/CHANGES:

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

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

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: ANNETTE HANRAHAN MGRM 04/04/2008

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