

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90072 001 ***277.50

DOCUMENT # L06000059022	
1. Entity Name MEDEROS-T.M. ALEXANDER ACQUISITIONS, LLC	

Principal Place of Business 5835 BLUE LAGOON DRIVE, STE. 302 MIAMI, FL 33126	Mailing Address 5835 BLUE LAGOON DRIVE, STE. 302 MIAMI, FL 33126
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5015426 APPLIED FOR	Applied For ☐ Not Applicable
--	--

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
BALOYRA, JOSE L ESQ. STE. 300, 2950 SW 27TH AVENUE MIAMI, FL 33133	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Pamela T. Kirby</i> Signature, typed or printed name of registered agent and title, if applicable.	DATE <i>1/22/08</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May-1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDEROS, JORGE C 5835 BLUE LAGOON DRIVE, STE. 302 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Pamela T. Kirby</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE <i>1/22/08</i> 301-595-5191 Daytime Phone #