2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZiP

SIGNATURE:

FILED Mar 07, 2008 08:00 AN **DOCUMENT # L06000072573 Secretary of State** ACEPOR GROUP, LLC Principal Place of Business Mailing Address 3781 W. 18TH AVENUE 3781 W. 18TH AVENUE HIALEAH, FL 33012 HIALEAH, FL 33012 03032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0833728 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACEVEDO, ORLANDO DO NOT WRITE 3781 W. 18TH AVENUE HIALEAH, FL 33012 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR NAME PORTILLO, ELSY STREET ADDRESS 3781 W. 18TH AVENUE CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME ACEVEDO, ORLANDO STREET ADDRESS 3781 W. 18TH AVENUE CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-53-719 TITLE NAME STREET ADDRESS

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 tostee empowered of execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #

IG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE