

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126475

FILED
Apr 26, 2010
Secretary of State

Entity Name: CM LEJEUNE, LLC

Current Principal Place of Business:

2855 S. LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2855 S. LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM
Name: FECI HOLDING CORP.
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: P
Name: HEVIA, JOSE
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS
Name: COBB, KOLLEEN
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VPT
Name: GODOY, JUAN
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: SIGNORELLO, VINCENT
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: SWANSON, ERIC
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: KOLLEEN COBB

VP

04/26/2010

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