

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90099 006 ***138.75

DOCUMENT # L06000085672	
1. Entity Name CEDAR PARC ALLIANCE, LLC.	

Principal Place of Business 1569 N.W. 82ND AVENUE MIAMI FL 33126	Mailing Address 1569 N.W. 82ND AVENUE MIAMI FL 33126
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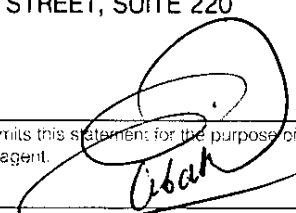


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent CORPWIZ REGISTERED AGENTS, INC. 8750 N.W. 36TH STREET, SUITE 220 MIAMI FL 33178		7. Name and Address of New Registered Agent Name JAXI, C.M.D., LLC Street Address (P.O. Box Number is Not Acceptable) 1569 N.W. 82 AVENUE City MIAMI FL Zip Code 33126	
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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.

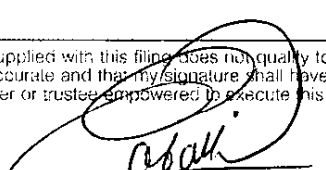
SIGNATURE  **Jaxi, C.M.D. LLC Manager** DATE **01-31-08**

(Signature, typed or printed name of registered agent and filed applicable) (NOTE: Registered agent signature required when amending) (NOTE: Registered agent signature required when amending)

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 JAXI C.M.D., L.L.C. 1569 N.W. 82ND AVENUE 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
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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 Section 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:  **Eduardo Caballero - JAXI C.M.D. LLC Manager** (305) 599-0700
01-31-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE