

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005662

Entity Name: THE COMPANY, L.L.C.

FILED  
Apr 07, 2008  
Secretary of State

**Current Principal Place of Business:**

2925 SALZEDO STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330589  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 65-1010157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALDES FAULI CORPORATE SERVICES  
ONE BISCAYNE TOWER SUITE 3400  
2 SOUTH BISCAYNE BLVD  
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: MGRM ( ) Delete  
Name: BIJAQUI, CYRIL  
Address: PO BOX 330589  
City-St-Zip: MIAMI, FL 33133

Title: MGRM ( ) Delete  
Name: LIOT, ANNICK  
Address: P.O. BOX 330589  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES:**

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: ANNICK LIOT

MGRM

04/07/2008

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