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

FILED Apr 25, 2008 08:00 AN Secretary of State DOCUMENT # L06000050193 1. Entity Name BMORE GROUP, L.L.C. Principal Place of Business Mailing Address 48 EAST FLAGLER STREET PH-105 48 EAST FLAGLER STREET PH-105 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSKOVITZ, DANIEL ESQ 48 EAST FLAGLER STREET PH-105 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 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. Familiar with, and accept the obligations of registered agent. SIGNATURE | Signature Typed or princel name of registered agent and title if as phasele (NOTE: Rigistered Appril signature required whom rematating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete THLE ☐ Change Addition MAME MORJAN, BRYAN NAME STREET ADDRESS 48 EAST FLAGLER STREET PH-105 STREET ADDRESS CITY - ST- ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete ToTale Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZiP TITLE TITLE ☐ Change Delete Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZiP 7:105 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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

SIGNATURE AND TOPED OR PRINTED JAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

sustee empowered to execute this report as required by Chapter 608, Florida Statutes.

limited liability company or the receiver

SIGNATURE: