Daytime Phone #

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED HAVE OF S

	ANNUAL	KEPUKI		
DOCU  1. Entity Nam  DECMAR		064		
Principal Place 370 MINORO	ce of Business CA AVENUE	Mailing Address 370 MINORCA AVENUE 1		
CORAL GABL	LES, FL 33134	CORAL GABLES, FL 33134		L INDUITAIN DHI BRING BIGHI BRING RANN RANN BRING RANN BIRNG BRING RANN DIBBRI NG NEBO
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04222008 No Chg-LLC CR2E083 (12/07)  4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required
CATARINEAU, JOE A ESQ 7780 SOUTHWEST 117 AVENUE SUITE 201 MIAMI, FL 33183				DO NOT WRITE 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 agrature required when reinstating)  DATE  FILE NOW!!! FEE IS \$133.75  After May 1, 2008 Fee will be \$538.75				
A MANUALINA MENUALINA MENU				
DILE	MANAGING MEMBER	S/MANAGERS	_	
NAME	DE CICCO, SANDRA P		1	
STREET ADDRESS	370 MINORCA AVENUE, SUITE 1			•
CITY-ST-ZIP	CORAL GABLES, FL 33134			•
TITLE	MGRM			000000324547
NAME	MARAFIOTI, ROSANA			U00000924547 05/19/08-80005-023 138.75
STREET ADDRESS CITY-ST-ZIP	370 MINORCA AVENUE, SUITE 1 CORAL GABLES, FL 33134			
	CORAL GABLES, FL 33134			•
name				•
STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP				DO NOT WRITE
TITLE				IN THIS SPACE
NAME				IN THIS STATE
STREET ADDRESS CITY-ST-ZIP				
TITLE			1	
NAME				•
STREET ADDRESS				
CITY-ST-ZIP			J	
TITLE			I	· '
NAME				•
STREET ADDRESS			I	·
CITY-ST-ZIP		13. Mp	I	
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				
timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
1/0/1207 Ox/22/08				