2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #L07000087843

1. Entity Name



FILED Aug 18, 2008 8:00 am Secretary of State 08-18-2008 90050 037 ***138.75

3138-319								
		Mailing Address 3138 3190 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 360/ Toledo Street CORAL Gables, FL 33134		•				
2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address' 3/60/ Toledo Street		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08132008	Chg-LLC C	CR2E083 (12/06)	
City & State		Coral Gables FI			4. FEI Numb	er	<u> </u>	pplied For at Applicable
Zip	Country		Country USP		5. Certificate	e of Status Desired	\$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	d Address of New Regis	tered Agent	
12394 S.W	& VASALLO, P.A. /. 82 AVENUE ST, FL 33156	Street Address (idress (P.	(P.O. Box Number is Not Acceptable)			
-			City				FL 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE .	Signature, typėd or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signatur	re required w	rhen reinstating)		DATE	
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior no					eck payable to partment of State	e .
9.	MANAGING MEMBE	RS/MANAGERS	10.	MG	A H	ADDITIONS/CHA	ANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EHRENHAFT, ALEXIS 3601 TOLEDO STREET CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AJE 360	3138-9 1 Tolec	b Bace, LLC lost. les, F1.3313	⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUVIERE, SONYA 4025 UNIVERSITY DRIVE CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGF Sonya	a J. Roll	Luiere as Tru	Change ustice of T cable True	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAROON, SHIRLEY 608 CADAGUA AVENUE CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>cora</u>	l Gables	rsity Drive. 1, A. 33/46	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS 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
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	same legal effect	ct as if ma	ade under oat	h; that I am a managing i	r certify that the info member or manage	rmation er of the

SIGNATURE: SIGNATURE AND TYPED OR PRU