2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2008 08:00 A Secretary of State

| | MENT # L000000079 |)77 | | Secretary of St | |
|--|--|------------------------------------|---|--|---|
| 1. Entity Nan SONIA M | ne 1. JIMENEZ-VICTORES ENDO | OCRINOLOGY, LLC | | | |
| Principal Place 315 WEST 4 | ce of Business 9 STREET | Mailing Address 315 WEST 49 STREET | | | |
| HIALEAH, FL | 33012 | HIALEAH, FL 33012 | | |) |
| | | | - SE | | |
| edales es | | | | 02212008No Chg-LLC | CR2E083 (12/07) |
| g geografiy L | O NOT WRITE | IN THIS SPA | GE | 4. FEI Number 65-1032925 | Applied For Not Applicable |
| and the second | | | LONG THE STATE OF | Certificate of Status Desire | \$5.00 x 150 |
| an in an annual const | 6. Name and Address of Current Re | | | L maken op sin in enviseer f Lagenda op en en en genomen | |
| JIMENEZ- | VICTORES, SONIA M | | | DO NOT 1 | NRITE |
| 315 WEST 49 STREET A HIALEAH, FL 33012 | | | | IN THIS S | daud i skompulski i promet komitet i storik |
| | named entity submits this statement for the | | Barrier Der Verster der Stadt betreite | | |
| SIGNATURE. | tions of registered agent. | The Mappical (NOTE Pagetime | - U/C | DUS when reinstating) | aborlae |
| | NOWIII FEE 18 \$138,75 y 1, 2008 Fee will be \$538.75 | 50 T S | 4 | LINDO | 00846810 8-80043-007 138.75 |
| After May | y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS | S/MANAGERS | | 03/18/0 | |
| After May | y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS MGR | S/MANAGERS | | U600 03/18/0 | ğ- <u>8</u> 00043-007 138.75 |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBERS MGR JIMENEZ-VICTORES, SONIA M 315 WEST 49 STREET | S/MANAGERS | so ninyelahu di | U600 03/18/0 | ğ- <u>ğ</u> 00043-007 138.75 |
| 9. ITLE NAME | MANAGING MEMBERS MGR JIMENEZ-VICTORES, SONIA M | S/MANAGERS | so ninyelahu di | U600 03/18/0 | ğ- <u>ğ</u> 00043-007 138.75 |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MANAGING MEMBERS MGR JIMENEZ-VICTORES, SONIA M 315 WEST 49 STREET | S/MANAGERS | so ninyelahu di | U600 03/18/0 | ğ- <u>ğ</u> 00043-007 138.75 |
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11. Thereby certify that the information supplied with this fitting 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 limited fiability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL SIGNATURE AND TYPED OR PRINTED NAME OF BIGMING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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