2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012298

Entity Name: ONE-OF-ONE, LLC

FILED Jul 14, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 18624 SE 94TH AVE
 18911 STERLING DRIVE

 MIAMI, FL 33157
 CUTLER BAY, FL 33157

Current Mailing Address: New Mailing Address:

18624 SE 94TH AVE P.O. BOX 565384 MIAMI, FL 33157 P.O. BOX 565384

FEI Number: 52-2271074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DISCH-LAUXMANN, PETER 18624 SW 94TH AVE MIAMI, FL 33157 US DISCH, ELIETTE 18911 STERLING DRIVE CUTLER BAY, FL 33157 US

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: ELIETTE DISCH 07/14/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete DISCH-LAUXMANN, PETER DISCH, ELIETTE Name: Name: Address: 18624 SW 94TH AVE Address: P.O. BOX 565384 City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33256

Title: MGR () Delete Title: MGR (X) Change () Addition Name: DISCH-LAUXMANN, ELIETTE Name: SALCINO-RUIZ, MARIA

Address: 18624 SE 94TH AVE Address: 3024 MCDONALD STREET
City-St-Zip: MIAMI, FL 33157 City-St-Zip: COCONUT GROVE, FL 33133

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 JOSCHER, NANCY

 Address:
 Address:
 18811 LENAIRE DRIVE

 City-St-Zip:
 City-St-Zip:
 CUTLER BAY, FL 33157

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 LOWSON, WENDY

 Address:
 Address:
 18911 STERLING DRIVE

 City-St-Zip:
 City-St-Zip:
 CUTLER BAY, FL 33157

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: ELIETTE DISCH MGR 07/14/2008