

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000009226		
1. Entity Name MUFASA LLC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 9:18

Principal Place of Business 10271 SW 72 STREET STE 102 MIAMI, FL 33173	Mailing Address 10271 SW 72 STREET STE 102 MIAMI, FL 33173
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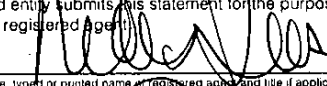
2. Principal Place of Business - No P.O. Box # 10481 N. Kendall Dr. Suite, Apt. #, etc. suite D-203 City & State Miami, FL Zip 33176 Country USA	3. Mailing Address 10481 N. Kendall Dr. Suite, Apt. #, etc. suite D-203 City & State Miami, FL Zip 33176 Country USA
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01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 04-3703301	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALOS, ANDRES F 10271 SW 72 STREET STE 102 MIAMI, FL 33173	7. Name and Address of New Registered Agent Name ALOS, Andres F Street Address (P.O. Box Number is Not Acceptable) 10481 N. Kendall Dr. D-203 City Miami FL Zip Code 33176
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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.

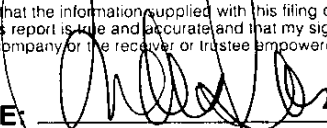
SIGNATURE  DATE 4-14-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALOS, ANDRES F 10271 SW 72 STREET STE 102 MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALOS, Andres F 10481 N. Kendall Dr. D-203 Miami, FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300125266923 04/23/08--01016--010 **716.25 ☐ 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
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	34/22/08 ☐ Change ☐ Addition

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE 4-14-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE