2008 LIMITED LIABILITY COMPANY

Apr 21, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L02000001046** 04-21-2008 90325 049 ***138.75 FINEXIM. LLC Principal Place of Business Mailing Address vvv40043 1111 BRICKELL AVENUE 1111 BRICKELL AVENUE 1100 MELLON FINANCIAL CENTER 1100 MELLON FINANCIAL CENTER MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 04-3586578 Not Applicable Zip Country Ziο Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEILMAN, WILLIAM MR. Street Address (P.O. Box Number is Not Acceptable) **7975 NW 154TH STREET SUITE 230** MIAMI LAKES, FL 33016 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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR · MLE Delete TITLE ☐ Addition Change BEILMAN, WILLIAM NAME NAME 7975 NW 154TH STREET SUITE 230 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIF SECY TITLE ☐ Delete me Change ☐ Addition LOPEZ, ANDREA NAME NAME STREET ADDRESS 7975 NW 154TH STREET SUITE 230 STREET ADDRESS CITY-ST-7IP MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 TILE ☐ Delete III F ☐ Change ☐ Addition MALE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TILE ☐ Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete MLE ☐ Change Addition NAME шь STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with the filing excess 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 first 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

-WILLIAM BEILMAN

G MENDER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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SIGNATURE:

FILED

4/19/08a (786) 390-5786

Davtime Phone #