

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006487

FILED
Apr 12, 2008
Secretary of State

Entity Name: LEVIMINOND LLC

Current Principal Place of Business:

12335 PEMBROKE ROAD
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

9000 SHERIDAN ST
STE 115
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

12335 PEMBROKE ROAD
PEMBROKE PINES, FL 33025 US

New Mailing Address:

9000 SHERIDAN ST
STE 115
PEMBROKE PINES, FL 33024 US

FEI Number: 03-0416931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVI, JULIO F
12335 PEMBROKE ROAD
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

LEVI, JULIO F
9000 SHERIDAN ST
STE 115
PEMBROKE PINES, FL 33024 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: JULIO FERNANDO LEVI

04/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVI, JULIO F
Address: 12335 PEMBROKE ROAD
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM () Delete
Name: MINOND, RUBEN
Address: SARMIENTO 1113 9P
City-St-Zip: BUENOS AIRES, CF 1041 AR

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEVI, JULIO F
Address: 9000 SHERIDAN ST STE 115
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIO FERNANDO LEVI

MGRM

04/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date