

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000011677**

1. Entity Name  
**FERRELL GROUP CORPORATE SERVICES, L.L.C.**



Principal Place of Business  
**201 SOUTH BISCAYNE BOULEVARD  
34TH FLOOR  
MIAMI, FL 33131**

Mailing Address  
**201 SOUTH BISCAYNE BOULEVARD  
34TH FLOOR  
MIAMI, FL 33131**



03132007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1008543**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FERRELL LAW, P.A.  
ATTN: SECRETARY  
201 SOUTH BISCAYNE BOULEVARD 34TH FLR  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FERRELL GROUP HOLDING COMPANY, LLC  
201 S BISCAYNE BLVD, STE 3400  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DA CASTIGLIONE, MAYRA  
201 S BISCAYNE BLVD, STE 3400  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
WASERSTEIN, STEVE L  
201 S BISCAYNE BLVD, STE 3400  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000739271  
05/14/07-80019-019 55.00

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:**

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

Date

Daytime Phone #

*Mayra Castiglione* 4/24/07 305-371-8585