

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
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

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC

CR2E083 (12/07)

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

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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000937341
05/27/08-80046-010 143.75

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IN THIS SPACE**

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: Mayra Castiglione, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/29/08 305-371-8585
Date Daytime Phone #