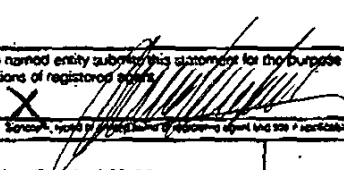
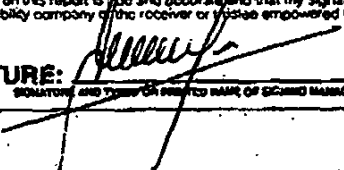


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 27 AM 10:45

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000019271			
1. Entity Name RADIEMAR, LLC			
Principal Place of Business 600 N.E. 36TH STREET, SUITE 222 MIAMI, FL 33137		Mailing Address 600 N.E. 36TH STREET, SUITE 222 MIAMI, FL 33137	
2. Principal Place of Business		3. Mailing Address 5460 ALTON ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami Beach - FL	
Zip		Zip 33140-2017	
Country		Country USA	
4. FEI Number APPLIED FOR		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ MARCELO 910 NORTH VENETIAN DRIVE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5460 ALTON ROAD City Miami Beach FL Zip Code 33140-2017	
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 agents.			
SIGNATURE 		DATE 06/23/05	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR FREIRE, DIEGO CARLOS 600 N.E. 36TH STREET, SUITE 222 MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY-ST-ZIP 5460 ALTON ROAD MIAMI BEACH - FL 33140-2017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes.			
SIGNATURE: 		DATE 6/23/05 (305) 864-1384	