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

06232005 Chg-LLC CR2E083 (10/03)

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 / Country	Zip: 33140-2017 Country: USA

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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 agent.

SIGNATURE X [signature] 06/23/05
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 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 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5460 ALTON ROAD MIAMI BEACH - FL. 33140-2017
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600056708356 06/29/05--01058--019 **50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 6/23/05 (305)864-1384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #