2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-04-2006 90010 012 ****50.00

DOCUMENT # L02000019271

1. Entity Name
RADIEMAR, LLC

Principal Place of Business	Mailing Address
600 N.E. 36TH STREET, SUITE 222 MIAMI FL 33137	5460 ALTON ROAD MIAMI BEACH FL 33140-2017

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
335 S. Biscayne BLVD		5839 N. BAY Road	
Suite, Apt. #, etc.: 1401		Suite, Apt. #, etc.:	
City & State: MIAMI FL.		City & State: Miami Beach FL.	
Zip: 33131	Country: USA	Zip: 33140	Country: USA.

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MARCELO
5460 ALTON ROAD
MIAMI BEACH FL 33140-2017

7. Name and Address of New Registered Agent

Name: FERNANDEZ, MARCELO
Street Address (P.O. Box Number is Not Acceptable): 5839 N. BAY Road.
City: Miami BEACH FL Zip Code: 33140

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] 03/27/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	FREIRE, DIEGO CARLOS		NAME	Freire, Diego Carlos	
STREET ADDRESS	5460 ALTON ROAD		STREET ADDRESS	5839 N. BAY Road	
CITY-ST-ZIP	MIAMI BEACH FL 33140-2017		CITY-ST-ZIP	MIAMI BEACH. FL. 33140-2017	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 03/27/2006 305-495-0906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #