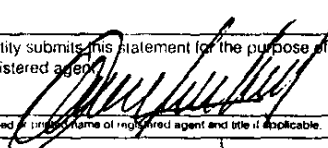
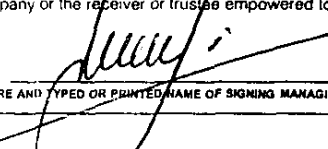


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90045 001 ***138.75

DOCUMENT # L02000019271					
1. Entity Name RADIEMAR, LLC					
Principal Place of Business 335 S BISCAYNE BLVD 1401 MIAMI, FL 33131			Mailing Address 5839 N BAY RD MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1040 Biscayne Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1508			
City & State		City & State Miami, FL			
Zip	Country	Zip 33132	Country USA	01232008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-1660280				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, MARCELO 5839 N BAY RD MIAMI BEACH, FL 33140			7. Name and Address of New Registered Agent Name FERNANDEZ MARCELO Street Address (P.O. Box Number is Not Acceptable) 1040 Biscayne Blvd. Apt.1508 City Miami FL Zip Code 33132		
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 			DATE 01/23/2008		
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			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 5839 N BAY RD MIAMI BEACH, FL 331402017	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1040 Biscayne Blvd. Apto:1508 Miami, FL, 33132	☒ Change ☐ Addition			
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			
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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			
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: 			DATE 01/23/2008 (305)495-0906		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		