2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L02000021138

Entity Name: CIFALC, LLC

Current Principal Place of Business:

555 NORTHEAST 15TH ST., 7TH FLOOR
STUDIO A
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

555 NORTHEAST 15TH ST., 7TH FLOOR
STUDIO A
MIAMI, FL 33132

New Mailing Address:

FEI Number: 02-0639787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, VIRGINIA
555 NE 15TH ST STUDIO A
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LOPEZ, VIRGINIA	
Address:	555 NORTHEAST 15TH ST, 7TH FLOOR, STUDIO A	
City-St-Zip:	MIAMI, FL 33132	
Title:	MGR	(X) Delete
Name:	ORTEGA, NELSON	
Address:	555 NORTHEAST 15TH ST, 7TH FLOOR, STUDIO A	
City-St-Zip:	MIAMI, FL 33132	
Title:	DIR	( ) Delete
Name:	CONTELLA, ROBERT M	
Address:	555 NORTHEAST 15TH ST, 7TH FLOOR, STUDIO A	
City-St-Zip:	MIAMI, FL 33132	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT M. CONTELLA DIR 04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date