2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2008 8:00 am Secretary of State 04-03-2008 90070 042 ***138.75

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1. Entity Name	MENT # L03000015	925		04-03-2008 90070 042 ***138.75		
Principal Place	e of Business	Mailing Address				
444 BRICKELL AVE., STE. 900 444 BR		444 BRICKELL AVE., ST MIAMI, FL 33131	TE. 900			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152008 Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number Applied For 13-4250226 Not Applicable		
Zíp	Country	Zip	Country	5. Certificate of Status Desired	□ \$5.00 Addi Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent	
LEGAGNEUR, NATHALIE 444 BRICKELL AVËNUE SUITE 900 MIAMI, FL 33131			444 Brid	le M. Williams 4 Brickell Avenue Suite 900 ami, FL 33131		
		<u> </u>			<u> </u>	
8. The above	named entity submits this maternant for ions of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both, in the State of F	lorida. I am tamiliar with, a	and accept
the obligat	ions of registered agent.	^ኢ			. / /	
SIGNATURE .	4300			<i>0.</i>	2/21/08.	
	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstaling)	/ DATE	W 13,1114
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.7	5			ke check payable to da Department of State	, f
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS	S/CHANGES	
TITLE	MGR	Delete	TITLE		☐ Change	■ Addition
NAME	DE OLAZARRA, ALLEN C		NAME			
	,		TOTAL			
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STREET ADDRESS CITY-ST-ZIP	•	Ē 900 				
	444 BRICKELL AVENUE, SUITI	= 900 □ Delete	STREET ADDRESS		☐ Change	☐ Addition
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11. I hereby certify that the information supplied with his fiting 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 deceiver or justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: (auth rep.)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/28/08 305.995.9998