


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90053 024 \*\*\*543.75

<b>DOCUMENT # L04000007179</b> 1. Entity Name <b>AZTEC PARTNERS LLC</b>	
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Principal Place of Business <b>2875 N.E. 191 STREET, PENTHOUSE 1 AVENTURA, FL 33180</b>	Mailing Address <b>P.O. BOX 630817 MIAMI, FL 33163</b>
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01222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3151750</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KLEIN, THEODORE J 8030 PETERS RD SUITE D-104 PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, 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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AZOUT, JACK 2875 NE 191 ST PH-1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ERWIN 2875 NE 191 ST PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ISSAC 2875 NE 191 ST PH1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, EZRA 2665 S BAYSHORE DR PH2A COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Jack Azout* 2/6/08 (305) 935-5175