2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2007 08:00 A Secretary of State

City & State Country S. Contrictate of Status Desired State Address of Nor Applicable Per Required Per Re	1. Entity Nam	MENT # L04000020 AND RIVERA, MD, LLC	820					Secre	tary	of S
Suito, Apt. #, etc. Cry & State Cry & State A, FEI Number S4-2129332 S. Country S. Co	4302 ALTON	RD, STE 810	3225 AVIATION AVE,							
City & State A FEI Number 54-2129332 Type Country S. Country	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007	Chg-LLC	CR2E08	3 (12/06)		
Country Zip Country S. Cartificate of Status Desired \$5.00 Additional Fee Required F	City & State		City & State							
Name Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		i			5.00 Add	itional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable or projected agent, and applications of registered agent, or both, in the State of Florida. I am familiar with, and acceptable or projected agent, and applications of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Plant I and a complete the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with, and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I am familiar with and acceptable to Plant I and I am familiar with and acceptable to Plant I am familiar with acceptable to Plant I am familiar with acceptable to Plant I am familiar		6. Name and Address of Current	Registered Agent	· No-		7. Name and	Address of New I	Registered Ag	ent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	YELEN. M	ITCHELL A		Nam	ie ,	· 	<u> </u>	<u>.</u>		
The above named enalty 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. SNATURE SQUARMAN, Special or priest remain and injustment agent and use it assistable. POTE Registered Agent synature required when remaining. Make check payable to Florida Department of State. MANAGING MEMBERS/MANAGERS E. MGMR Delete THLE ADDITIONS/CHANGES E. BOYETT, ROBERT E NAME NAME NAME NAME NAME NAME E. BOYETT, ROBERT E NAME NAME NAME NAME NAME NAME NAME NAME NAME E. BOYETT, ROBERT E NAME NAME	3225 AVIA	TION AVE., SUITE 500		Stree	et Address (I	P.O. Box Numb	per is Not Acceptab	le)		
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Due by May 1, 2007 May 1, 2007 Florida Department of State	· · · · · · · · · · · · · · · · · · ·		and trite if applicable (NC	OTE. Registered Agent s	gnature required	when reinstating)	Mai		rable to	
MGMR BOYETT, ROBERT E BELADORESS STREET ADDRESS CITY-ST-2P MIAMN, FL 33178 Delete Delete TITLE NAME STREET ADDRESS CITY-ST-2P Thereby certify that the information supplied with this filling 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 the index of the information managing member or manager of the infinited hability company or the receiver or true are developed the executary file report as required by 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 the index outer that I am a managing member or manager of the infinited hability company or the receiver or true are developed by Chapter by Chapter 59, Chapter 119, Florida Statutes, I further certify that I am a managing member or manager of the infinited hability company or the receiver or true are developed. ADDRESS CITY-ST-2P Thereby certify that I am a managing member or manager of the infinited hability company or the receiver or true are developed. ADDRESS CITY-ST-2P Thereby certify that I am a managing member or manager of the infinited hability company or the receiver or true are developed. ADDRESS CITY-ST-2P Thereby certify that I am a managing member or manager of the infinited hability company or the receiver or true are developed. ADDRESS CITY-ST-2P Thereby ce	D	ue by May 1, 2007								•
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