2008 LIMITED LIABILITY COMPANY

Jan 29, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000032942 01-29-2008 90062 048 ***138.75 1. Entity Name MAFIN, LLC Principal Place of Business Mailing Address 134 SOUTH TAMPA STREET 134 SOUTH TAMPA STREET 60004503 TAMPA, FL 33602 TAMPA, FL 33602 CR2E083 (12/07) 01082008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1067137 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER, P.A. DO NOT WRITE 501 E. KENNEDY BLVD., SUITE 1700 C/O CODY WATERS IN THIS SPACE TAMPA, FL 33602 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 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE KRONE, ROBERT L NAME STREET ADDRESS 134 SOUTH TAMPA ST TAMPA, FL 33602 CHY-ST-ZIP TITLE RODRIGUEZ, PETER 134 SOUTH TAMPA STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information sugarded 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 accorate 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME O IG MEMBER, OR AUTHORIZED REPRESENTATIVE 8 08

Date

FILED

Daytime Phone #