## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000046263

1. Entity Name

CONVERSION CONSULTANTS LLC



FILED Apr 28, 2008 08:00 AN Secretary of State

Daytime Phone

Principal Place of Business

Mailing Address

5835 BLUE LAGOON DRIVE SUITE 302

MIAMI, FL 33126

PO BOX 521155 MIAMI, FL 33152



DO NOT WRITE IN THIS SPACE

02152008No Chg-LLC CR2E083 (12/07)

	EI Number NOT APPLICABLE		Applied For Not Applicable
5. (	Certificate of Status Desired		0 Additional Required

6. Name and Address of Current Registered Agent

MEDEROS, JORGE C 5835 BLUE LAGOON DRIVE 302

MIAMI, FL 33126,

SIGNATURE:

SIGNATURE AND

DO NOT WRITE IN THIS SPACE

•		
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable	(NOTE Registered Agent signature required when reinstating)  OF 730 730 301 0015 100 75
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	95/29/99-99116-915-138.75
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM MEDEROS, JORGE C 5835 BLUE LAGOON DRIVE # 302 MIAMI, FL 33126	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
indicated	on this report is true and accurate and that my signature si	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the cuts this report as required by Chapter 608, Florida Statutes

EMBER, OR AUTHORIZED REPRESENTATIVE