

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055427

Entity Name: ALL CONVENTIONS, LLC

FILED  
Apr 13, 2007  
Secretary of State

## Current Principal Place of Business:

601 BRICKELL KEY DR., SUITE 600  
MIAMI, FL 33131

## New Principal Place of Business:

20801 BISCAYNE BLVD  
SUITE 403  
AVENTURA, FL 33180

## Current Mailing Address:

601 BRICKELL KEY DR., SUITE 600  
MIAMI, FL 33131

## New Mailing Address:

20801 BISCAYNE BLVD  
SUITE 403  
AVENTURA, FL 33180

FEI Number: 20-1542411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PENINSULA REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BLV.  
SUITE 4000  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ORTIZ, GUSTAVO R  
Address: 200 SOUTH BISCAYNE BLVD., SUITE 400  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: MARTINEZ, LAURA L  
Address: 200 SOUTH BISCAYNE BLVD., SUITE 400  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA MARTINEZ

MGR

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date