

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078313

Entity Name: NAMASKAR, LLC

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

1000 SOUTH POINTE DRIVE
UNIT 1203
MIAMI BEACH, FL 33139

New Principal Place of Business:

1650 NE 26 STREET
WILTON MANORS, FL 33305

Current Mailing Address:

450 ALTON ROAD
APT. 3301
MIAMI BEACH, FL 33139

New Mailing Address:

1111 BRICKELL AVENUE
SUITE 1700 (RFH)
MIAMI, FL 33131

FEI Number: 26-1536181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEHRMAN, JEFFREY E ESQ.
2199 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33134 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: MGR () Delete
Name: SOULIER, PHILIPPE
Address: 1000 SOUTH POINTE DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: MANSEL, DANIELLE
Address: 1000 SOUTH POINTE DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOULIER, PHILIPPE
Address: 450 ALTON ROAD, UNIT 3301
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM (X) Change () Addition
Name: MANSEL, DANIELLE
Address: 450 ALTON ROAD, UNIT 3301
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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: PHILIPPE SOULIER

MGRM

05/07/2008

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