

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080311

FILED
Jun 24, 2008
Secretary of State

Entity Name: MOUNTAINEER EQUITY GROUP L.L.C.

Current Principal Place of Business:

844 BELLE MEADE ISLAND
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

844 BELLE MEADE ISLAND
MIAMI, FL 33138

New Mailing Address:

FEI Number: 20-2814896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OVIDE VAL & ASSOCIATES
1065 NE 125 STREET
102
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

OVIDE VAL & ASSOCIATES
1031 IVES DAIRY ROAD
228
MIAMI, FL 33179 US

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: OVIDE VAL & ASSOCIATES

06/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JWL DEVELOPMENT CO L., L.C.
Address: 844 BELLE MEADE ISLAND
City-St-Zip: MIAMI, FL 33138

Title: MGRM () Delete
Name: KEMET GROUP SOUTH L., L.C.
Address: 2385 NW EXECUTIVE CENTER DRIVE
City-St-Zip: BOCA RATON, FL 33431

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 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: KEMET GROUP SOUTH LLC

MGRM

06/24/2008

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