

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010885

Entity Name: MATRIX LLC

FILED  
Jun 30, 2008  
Secretary of State

## Current Principal Place of Business:

3110 N.E. 2ND AVENUE  
MIAMI, FL 33137

## New Principal Place of Business:

3401 N. MIAMI AVENUE  
SUITE 240  
MIAMI, FL 33127

## Current Mailing Address:

3110 N.E. 2ND AVENUE  
MIAMI, FL 33137

## New Mailing Address:

3401 N. MIAMI AVENUE  
SUITE 240  
MIAMI, FL 33127

FEI Number: 20-2279696      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:

SAMUEL, MICHAEL  
3110 N.E. 2ND AVENUE  
MIAMI, FL 33137      US

## Name and Address of New Registered Agent:

SAMUEL, MICHAEL  
3401 N MIAMI AVE  
STE 240  
MIAMI, FL 33127      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: MGR

06/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PRES      ( ) Delete  
Name: SAMUEL, MICHAEL  
Address: 3110 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33137 US

## ADDITIONS/CHANGES:

Title: PRES      (X) Change      ( ) Addition  
Name: SAMUEL, MICHAEL  
Address: 3401 N MIAMI AVE STE 240  
City-St-Zip: MIAMI, FL 33127 US

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: MICHAEL SAMUEL

MGR

06/30/2008

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