## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOOL 19 15 11 11 0500004 40 44							I FILED STATE				
DOCUMENT # L05000014344  1. Entity Name MADUXA LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
					08 MAY 14	AM III	: 30				
Principal Place of Business Mailing Address											
2665 SOUTH BAYSHORE DR STE. 703 2665 SOUTH BAYSHORE DR ST					TE. 703						
MIAMI, FL 33133 MIAMI, FL 33133											
Principal Place of Business - No P.O. Box # 3. Mailing Address											
z. Principai P	race of Busin	iess - No P.O. Box #	5. Maling Address				il <b>30:11: 1:</b> 11:1 <b>101</b> :11 <b>00:</b> 11 <b>03:</b> 11				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212008	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State			4. FEI Numb			<u> </u>	oplied For ot Applicable	
Zip	Zip Country		Zip Count		itry	1	e of Status Desired		\$5.00 Add	ditional	
6. Name and Address of Current R			legistered Agent		7. Name and Address of New Registered Agent						
POLANSKY, MITCHELL S ESQ						me					
2665 SQU	TH BAYS	HORE DR STE. 703	Street Addres			(P.O. Box Numb	per is Not Acceptable	)			
MIAMI, FL	33133										
					City			FL	Zip Cod	e	
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOWIII FEE IS \$138.75							Make	e check pa	avable to		
After May	1, 2008	Fee will be \$538.75				Florida Department of State				0	
9.		MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS/	CHANGES			
ть	MGR	0/ 107015110	☐ Delete	TITL	I				Change	☐ Addition	
NAME Street address	POLANSI 2665 SOL	E. 703	NAM STRI	EET ADDRESS	_90	001292 70801029-	1,94	79.			
CITY-ST-ZIP	MIAMI, FI	L 33133	CITY-		-ST-ZIP	05/13	70801029-	-001	**893.	<i>(</i> '5	
TITLE	MGR	DICHARD	☐ Delete	Delete TITLE					☐ Change	☐ Addition	
NAME WEINER, RICHARD STREET ADDRESS 2665 SOUTH BAYSHORE DR STI			E. 703	EET ADDRESS							
CITY-SI-ZIP MIAMI, FL 33133				CITY	-ST-ZIP						
TITLE NAME	MGR □ Delete TITU WEINER, ARLETTE								Change	☐ Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·										
CITY-ST-ZIP	MIAMI, FL 33133				-ST-ZIP						
TITLE NAME			Delete	TITL					Change	☐ Addition	
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP	<del> </del>				'-ST-ZIP						
TITLE NAME			Delete	TITL	I				☐ Change	☐ Addition	
STREET ADDRESS					EET ADORESS						
CITY-ST-ZIP	<u> </u>	<del> </del>	☐ Delete	CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME			LI Desete	NAM					☐ cuantie	FT WOOMING	
STREET ADDRESS CITY-ST-ZIP				4	EET ADORESS						
44 I horoby	Certify that th	e information supplied with	this filing does not qualify for	r the eve	-ST-ZIP Imptions contained	l in Chapter 119	, Florida Statutes, Lfi	rther certify	that the infr	ormation	
indicated on this report is true and acquirate and that my 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 of master employered to execute his report as required by Chapter 608. Florida Statutes											
4/30/08 (305) 858-9900											
SIGNATURE:  BIGNATURE AND TYPED OF PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Despire Phone #											
	SIGNATURE	AND TYPED OR PRINTED NAME OF	BIGHTING MANAGING MEMBER, MAI	NAGER, OF	R AUTHORIZED REPRES	ENTATIVE	Date	D:	aytime Phone #	,	

5/14/02